Clinical Lectures ON INFANTILE PARALYSIS AND ITS RESULTING DEFORMITIES.

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LECTURE II.

GENTLEMEN,—A malady which has received the name of the "temporary paralysis of Kennedy" places the immediate treatment of the disease we are considering in a most unenviable position; while, on the other hand, a belief in the frequency of such transient paralysis often prevents any clear and decisive action for days, perhaps weeks, after the first attack. It is a very thankless task to treat a paralysed child with all care, and then, when the patient recovers, to feel that it may have been one of those cases which would have done well without our aid. Nevertheless this is far better than, believing in the temporary nature of the disease, to temporise, to delay still a little longer, and at last to find the limb wasting, and to discover that by loss of time we have also lost, or all but lost, the chance of regaining a useful limb.

My conviction, taken from a large number of cases, is, that the temporary paralysis is a very rare, the true infantile (non-central) paralysis only a too common disease. The distinction in the first few hours is impossible, but in from twelve to thirty-six hours it becomes clear and indisputable. When, therefore, first called to a paralysed child, it is necessary to ascertain all concomitant and pre-existing circumstances. If there be or have been no illness, no prolonged or severe fits, no thermometric elevation either general or merely cephalic, nor other sign of central mischief, the medical man will examine the state of the secretions, ascertain the absence or presence of worms, the condition of the mouth and other parts which might give rise to reflex paralysis,* and if he find there no clue to the cause of the disease, his next object will be to discover whether the case be one in which the condition is likely to continue, or one in which the loss of power is merely temporary. For this purpose, as well as for subsequent treatment, he must have recourse to different forms of electricity, the use of which should, if possible, commence between the twelfth and thirty-sixth hour of the attack.

To gain information from galvanism it is necessary to use two sorts of battery—the one a single or double cell, with an induction coil and a connexion-breaker or hammer; the other a simple galvanic apparatus for producing a constant current of great tension and small quantity. Although for the first-named or induced current any battery with a small coil and means of regulating will do, yet Stöhrer's large double-celled battery is by far the best apparatus I have yet come across. The many means of regulation give great power of minute adjustment; the connexion, by standards, of the secondary current enables us to use the least painful stream with the greatest effect; and the attachment of the striking plate of the hammer to a spring enables us to make the widest possible interruptions. For the constant current a battery made originally for me by Messrs. Weiss is the best I have yet found. It consists of fifty elements, three-quarters of an inch wide by two inches and a half long. In a certain number of cases many less cells will answer for treatment, but a smaller battery would, for purposes of diagnosis, fail in so large a proportion of cases as to be almost useless.

The behaviour of muscles to one current and to the other, and the alternation of such behaviour, afford, when properly studied and understood, a mode—indeed, the only mode of diagnosing the condition and prognosing the future of an infantile paralysis. In the form of this malady (the only paralysis really peculiar to infants) which is not cerebro-spinal nor reflex, sensibility of muscles to the induced current rapidly declines and becomes extinct. This phenomenon commences between the twelfth and thirty-sixth hour. It is usually complete within four days. If, then, the induced current have been used twelve hours after the occurrence of a paralysis not heralded by either severe illness or accident, and the muscles be found tolerably sensitive, we must remain very doubtful as to the nature of the case. If within twelve hours more the sensibility have diminished, we have to do with a case at all events of no temporary paralysis. If in a few more hours faradaism produce no muscular contractions we may feel sure that the disease is one of peripheral origin.* If about the time when the power of the induced current decidedly declines—perhaps two or three days after its disappearance—the muscles begin to respond with abnormal sensitiveness to the constant current, but at other times remain flaccid, the case is undoubtedly true infantile paralysis, which will not get well save by careful and more or less protracted treatment. If, however, the case be brought under skilled management sufficiently early, and treatment carried on with patience and watchfulness, one may in most cases set every muscle free, and this merely by the proper use of galvanism and faradaism. Hence I must be permitted to speak very strongly on the impropriety of postponing treatment under the impression or the hope that the case is but temporary. A muscle or a set of muscles which do not recover power in three days will scarcely ever of themselves regain any useful amount of action. If we attack paralysed muscles while they are still sensitive to galvanism we may in a few weeks restore power; if we wait till not only the induced but the constant current has lost all influence, years will barely suffice to restore any action; to do this other means, as the unusual employment of potent drugs, becomes necessary, and then the result is problematical.

As to the mode by galvanism I shall say in this place very little, as by relating the details of a case—somewhat rapid in its success, it is true—all essentials may be taught. Certain facts and conditions only need be pointed out—firstly, the necessity of having all the instruments in good order and free from rust; secondly, of never using more power than absolutely necessary, and, especially with children, avoiding pain or alarm as much as possible; thirdly, since every muscle has a point where even a feeble current may cause contractions, while everywhere else a current strong enough to produce severe pain will have no effect on the organ, these points should either be so studied that there never is a blunder about the place to be touched, or else the practitioner must construct a chart, and, while using galvanism, have it in front of him.† Lest the term "constant current" mislead, it will be well to explain that the muscular contraction does not depend on the quantity or intensity of the current at any particular moment, but on alternations and amount; hence the twitch only takes place on closing, occasionally also breaking the circle, and not while the stream is flowing uninterruptedly through the organ. "Constant current" is therefore a misnomer; the word should have been "direct current," had not such term already been appropriated to another use.

Emma T——, aged four months, was paralysed during the night of May 10th, 1870. On the 15th she was brought to me—i. e., about a hundred hours after the occurrence. The child was put to bed perfectly well on that night. She had cried a little unusually on being bathed, which the nurse attributed to sleepiness. She also seemed well the next morning, save that the left leg was completely paralysed, but was in nowise either tender or painful. I found no tenderness anywhere; no heat, thermometric or otherwise; no sign of ill-health or disease. She is rosy, laughs easily, and has evidently suffered nothing. Previous to my seeing her the patient had had an emetic administered, and had been purged. The excretions are in perfect order.

I tried faradaism gradually, increased to the limits of the bearable; neither with the primary nor with the secondary current could the slightest twitch be produced. The battery current with fifty cells produced no movement. In sixteen hours I tried the battery current again; and a third

* Certain conditions of the genitals will form the subject of a future lecture.

* In an article published by me last year in "St. Thomas's Hospital Reports," I have proved very clearly that infantile paralysis is no central disease—neither congestive, inflammatory, nor nutritive.

† A number of charts in Ziemssen's work—although they contain, I think, some errors—would answer the practitioner's purpose extremely well.

time in twenty-four hours more—i. e., 140 hours after the attack. On the last occasion slight movement in the flexors of the leg, and a more doubtful movement in the extensors, was produced.

May 24th.—Every twenty-four hours each muscle has been separately galvanised. The flexores cruris—the deep layer at the back of the leg—act energetically to thirty cells; the extensors both of leg and foot, and especially the adductors femoris, respond more feebly to fifty cells. The sural muscles do not act at all, but let the current go right through them to the deep layer without showing a sign of life. There is neither voluntary power nor faradaic irritability in any muscle. An elastic band is fixed to the shoe, so as, without restraining it, to keep the foot more or less at right angles to the leg. The electric occurrences are these:—At an uncertain time, during the first 100 hours, faradaic irritability ceased; at the 120th—130th hour galvanic irritability in certain muscles commenced, and has increased. Other muscles then became galvanically irritable; and now all respond more or less, except the sural muscles. Prognosis guarded, but by no means bad.

June 3rd.—The muscles are now all sensitive, except the sural; these, though they respond slightly to the current, are sluggish, and act but little.

July 14th.—The response of all the muscles to galvanism has been becoming more feeble and uncertain. This day Stöhrer's battery was used; and I was pleased to find all the muscles respond, and surprised to find that the sural muscles, which never acted well to the constant current, and had also like the others refused to answer to faradaism, responded now to the coil as well as any. The prognosis now given was perfectly hopeful; patience and perseverance all that is required.

Dec. 1870.—I took occasion to examine this child. The leg is smaller than the other, and about one-third of an inch shorter; but she can move it in every direction; and in walking or running the limp is barely perceptible. I ought to say that elastic force was, during three months, used on one side of the leg to prevent a threatening deformity; but this part of the case belongs to another division of our subject.

NOTES OF VISITS TO FOREIGN BATHS.

By JOHN MACPHERSON, M.A., M.D.

II.—LEFT BANK OF THE RHINE.

SPA, so long known and so familiar to the English, has of late years supplied its only deficiency as a chalybeate station, by the construction of a very splendid bath-house, in which every appliance for every variety of bath is to be found. I had only time to admire the bath-house and to pay Dr. Cutler a hurried visit, but I tasted his favourite springs, the two Condés, which seem quite worthy of his commendation, and No. 2 of which is an agreeable beverage. It is to be wished that its waters were served out in a more convenient spot than the cellar in which they are. It is an important question for English families whether the closure of the gambling tables will weed the society of Spa.

In like manner there is not much that is new to be said of Aix-la-Chapelle, but I was glad to find that the neighbouring Borcette is more in favour than formerly. It has the advantage of being more in the country. Its springs are most abundant, and hotter than those of Aix-la-Chapelle. Their constituents are essentially the same, though with somewhat less sulphuretted hydrogen gas. But it is extraordinary how very little of that gas is present even in the strong-smelling waters of this place, only from ·5 to ·2 of an inch in 16 oz. There are pretty strong chalybeates both in Borcette and in Aix-la-Chapelle, but, like the English ones, owing to their deficiency in carbonic acid gas they are little used. At Aix is to be found the most learned of living balneologists, Dr. Lerschet; besides Dr. Wetzlar, Dr. Brandis and Dr. Kilian are well known to the English. Dr. R. Velten, son of Dr. H. Velten, long so popular at Aix, but now deceased, has migrated to Wiesbaden, carrying the good wishes of his Aix-la-Chapelle friends with him.

The whole volcanic district of the Eifel, which may be in a general way described as extending from near Aix-la-Chapelle to near Coblentz, abounds in mineral waters. A great many have been described, but if you inquire in a village in the Eifel you are pretty sure to hear that it has got its special spring of mineral water. These springs are usually very pleasant drinks, slightly alkaline, with a great excess of carbonic acid, which makes them refreshing. It is unnecessary to describe them in detail, as they are chiefly used for exportation. The one at Godesberg may be mentioned, as it has a bath establishment, and it may be utilised for dyspepsia and similar affections, especially in connexion with the popular hydropathic establishment at that place. It is close to Bonn.

The chief sources of this kind, the waters of which are exported, are Roisdorf, near Bonn, Heppingen, and Apollinarisberg, near Neuenahr, the latter extremely popular at present owing to the large quantity of gas which it contains. The value of many of these acidulous springs is increased by the quantity of iron which they contain, but many of them lie in out-of-the-way places: for instance, Lamscheid, about twelve miles from Boppart, at a height of 1300 feet, with water much the same as that of the Paulinenbrunnen at Schwalbach; or what was once one of the most reputed chalybeates in Europe, Hambach, near Birkenfeld, but some miles off the Saarbrück railway. Its spring, one of the best of known chalybeates, both strong and pleasant, rises at a height of 1552 feet. It thus lies in a very high as well as a wild country, at a height sufficient to reduce the summer temperature appreciably. Possibly its use may be revived some day; now it has few visitors.

But I turn from these springs to call attention to others of very remarkable constitution in a most accessible locality, Tonnistein and Heilbrunnen, in the Brohl valley off the Rhine, a little below Andernach. As to their chemical composition, they contain as follows in sixteen ounces:—

	Carb. of soda.	Carb. of magnes.	Sulph. of soda.	Chlor. of soda.	Carb. of iron.
Tonnistein ...	6·6	7·1	·6	4·1	?
Heilbrunnen ...	13·4	8·4	·1	12·8	·22

There is in both an abundant supply of carbonic acid. The most remarkable feature of the constituents of these waters is the large quantity of carbonate of magnesia. The Heilbrunnen waters contain quite as much iron as is required, and, at the same time, they both contain a considerable amount of alkalies. The quantity of salts present in the Heilbrunnen is sufficient to make the water slightly laxative. It is thus very useful in habitual constipation, and it also suits irritable stomachs, with which ordinary chalybeates often interfere. Of the two springs the Heilbrunnen is the more important; but at present it is only regarded as an adjunct to Tonnistein. In fact, the old bathing establishment is at the latter place, where also a very pretty hotel in the Swiss style has been built. There are beautiful views and walks up and down the valley of the Brohl. The place, however, is rising more slowly into popularity than I should have expected, and is for the present best known to the Dutch. But as these waters are applicable to the large class of diseases, including those of women, that come under the head of anæmia, I cannot imagine that they will not increase in popularity. For those who require stronger iron waters, there is the spring of Wassenach, now called the "steel well," at the distance of a twenty minutes' walk, which contains ·38 grain of carbonate of iron in the 16 oz. It is quite equal to the Weinenbrunn, at Schwalbach.

What is most wanted to promote the prosperity of Heilbrunnen is that a good road should be made to it out of the Brohl valley, and a hotel or kurhouse established on the spot. The little side valley is very picturesque, if a little confined. Interesting excursions can be made in every direction. The baths are not more than three or four miles from the railway, and I can only wonder that they have not hitherto been more appreciated. Meantime the waters appear to be very largely exported, and I would beg to commend them to the notice of the profession in this country. They ought to be very useful in a variety of affections of the mucous membranes, and the combination of iron with alkalies ought to render them of value in catarrhal affections of the bladder and urinary passages. They ought to be at least as useful as the waters of Wildungen.

Neuenahr has risen into rapid fame, and is now so crowded and so well known to English visitors that I shall not say very much concerning it. Its waters supply small doses of carbonate of soda with a very large amount

of carbonic acid, and without the common salt of Ems. They also supply in abundance carbonated water of various temperatures up to 104°. There is a large bathing establishment. For what diseases is Neuenahr most suitable? From what I gathered, much faith is not put in its waters in early phthisis; milk or whey, or milk with lime-water, were thought more efficacious. The waters are very useful in dyspepsia, but in some cases of the irritable form of that complaint they appear to be too strongly acrated. The waters are not in the slightest degree aperient, in fact at first slightly constipating; this perhaps is the reason why they are useful in some forms of diarrhœa. The waters are of some use in gall-stones; but of still greater value in the lithic-acid diathesis, and decidedly of use in the presence of lithic-acid calculi, also moderately useful in gout. But the most remarkable results appear to have been obtained in diabetes, in which disease it runs parallel with Carlsbad, on the great efficacy of whose waters Dr. Seegen has last year written. Dr. Schmitz, with whom I had a very agreeable interview, was very confident of the good effects of the water in diabetes, and has lately published his cases. There were many invalid soldiers here, as at other baths. They complained bitterly of the expense of living at Neuenahr.

A complete contrast to Neuenahr is offered by the secluded baths of Bertrich, off the Moselle. At the former place everything is new; the place is crowded, the valley open, with imperfect protection from the sun. At the latter everything wears an air of antiquity; there is no crowding of patients, the valley is narrow and shut in, and the whole neighbourhood abounds in shady walks. The water of Bertrich contains only a few grains—about six—of sulphate of soda, and is of the temperature of 90°, about 8° warmer than Buxton. It has a very distinct, and therefore not very pleasant, flavour of Glauber salts. The waters are slightly aperient; but their main use is in baths. The waters are found useful in abdominal congestions, but especially in the affections of women, and in nervous complaints. Certainly if still life is desired, no spot can well be found where there is more to soothe and calm the passions. There is a band of music, and all the arrangements are after a quiet and old-fashioned style. The neighbourhood is lovely; but the place gets damp early in autumn. It is hoped that a railway may ere long be commenced from Treves to Coblentz, when increased prosperity, it is hoped, will reach this pleasant little spot.

I found Kreuznach, as on my former visit, oppressively hot. I did not observe any change in the arrangements. The place was very full, although the usual supply of French patients very naturally did not come this season. The chief improvement of late years is the development of the neighbouring Münster am Stein, which is very picturesquely situated. The Kurhaus Hotel is very comfortable, and contains some fourteen bathing cabinets. The salt spring is of a temperature of 87°, therefore 12° warmer than the hottest of the two neighbouring ones, decidedly an advantage for bathing. As regards its contents, the Münster well is quite as well adapted for drinking purposes as the cold Elisenquelle. I think that Münster ought to grow in favour as an adjunct to Kreuznach. The bathing establishments are quite as good, and the surrounding country more interesting. When people talk of the iodine waters of Kreuznach, they do not remember that the chief drinking-well, the Elisen, contains in 16 oz. only ·035 gr. of iodide of magnesia, and that the concentrated brine contains only traces of iodine. I say nothing against the curative powers of this place, which supports fifteen doctors.

In strong contrast to Kreuznach I found another of those salt springs—that of Dürkheim in the Pfalz, a district little known to Englishmen. Everything there looked old and rough after Kreuznach. The country is picturesque, the climate is good, and no doubt the same results might be obtained as at Kreuznach, which still continues to be the chief of baths for scrofulous affections and for tumours of all kinds, but more especially uterine ones. The salt water of Dürkheim seems not to be much used. But Dürkheim is best known as a favourite grape-cure resort. The grapes, however, were not ripe, and the cure had not begun when I visited it. The resort to it during the grape season is still very large, though not so great as in former times. An approaching sausage market was the chief subject of interest when I was there. The Haardt district is well known for its grapes, and also for its wines, which are little heard of in England. This upper plain of the Rhine enjoys a mild climate.

Although boasting of no mineral waters, there is a station in this district, which I did not visit, but which is largely resorted to, even as a winter station—Gleisweiler. The Kurhouse is 1000 feet above the sea, and supplies cold water and whey and grape cures, vapour and pine extract, galvano-electric treatment, juices of herbs, &c.; and you can even enjoy the old-fashioned luxury of breathing the air of a cow-house, which is found wonderfully efficacious in phthisical patients. The place is much frequented even in winter. There is much interesting country in the neighbourhood of Gleisweiler. But I could not turn aside even for the delights of Gleisweiler, but passed on to see one of the four baths which the fortune of war has restored to Germany, and all having sufficiently German names—Niederbronn, Soulzmatt, Sulzbach, and Sulzbad.

Niederbronn lies in a lovely well-wooded valley a few miles from the well-known battle-field of Wörth. Its institutions are old fashioned, and have a look of decay. The two last years have naturally nearly cut off the usual supply of visitors from the neighbouring districts of Alsace; nor do I think the prospects for the future very brilliant, although the railway passes through it. The place had been in repute for a long series of years; but the waters, containing about 23 grains of common salt, with enough iron to give a red deposit, and of the temperature of about 85°, do not offer very much except for bathing, even although they are found to contain ·15 gr. of lithia.

Soulzmatt, with its pleasant alkaline carbonated waters, not very far from Colmar, has enjoyed a considerable reputation among the French, chiefly for exportation; its virtues are mainly in dyspepsia and gastralgia. The springs are numerous and abundant, and the neighbouring country interesting.

Sulzbach contains a water much of the same kind, which once enjoyed a somewhat singular reputation for the cure of folly, melancholy, and mania. The properties of the water are nearly the same as those of Soulzmatt. The country around is lovely. The water is chiefly exported.

Sulzbad has still to be mentioned; it is a salt spring, much resembling Niederbronn, but, owing to its containing small quantities of iodide and bromide of potassium, is supposed to have specific effects on the lymphatic system. From want of carbonic acid the water sits heavily on the stomach. The Germans have thus not acquired any very valuable baths; two salt ones of no great importance, and two pleasant acidulated alkaline ones, a class of which they have already so many.

As I may not have occasion to mention French baths again, I may observe that there is a pretty general movement being made at present in France to obtain the reintroduction of gambling-tables, just when they are about to be abolished in the German and Belgian baths.

ENGLISH MIDWIVES; THEIR HISTORY AND PROSPECTS.

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CHAPTER II.—SEVENTEENTH CENTURY.

EARLY in this century a surgeon practising in London, Peter Chamberlen, the first of several generations of distinguished men-midwives, observing the incapacity of the women professing midwifery with whom he came in contact, was moved in his conscience to represent to King James I. in 1616 the following humane and reasonable proposition: *"That some order may be settled by the State for the instruction and civil government of midwives."** Had this proposal been carried out at that time, England would have been in the van of the movement which has been going on in Europe since Peter Chamberlen's days, instead of in the rear; our midwives would have been for more than

* A Voice in Rhama.

two centuries properly instructed and controlled, and we should have been saved the humiliation of being pointed at by our continental neighbours as a nation which does not care so much for the lives of its mothers as to induce it to secure for them efficient help in their times of jeopardy.

In the first year of this century Peter Chamberlen had a son, who was destined to grow up and obtain such an extended reputation as almost to eclipse and hide from our view the useful work accomplished by his father. "Ere nineteen summers" he graduated as doctor of medicine at Padua, and afterwards at Oxford and Cambridge. He became a Fellow of the College of Physicians in 1628, and was Physician-in-Ordinary to three Kings and Queens of England and to some foreign Princes. "Fame begot me envy," he says, "and secret enemies, which mightily increased when my father added to me the knowledge of deliveries and cures of women. They cunningly allow me a transcendency in the particular of deliveries that they may the more securely deny me my due in physick, as if the one were privitive or destructive of the other." His midwifery practice must have been very extensive; for he says, "The burthen of all the midwives in and about London lay only on my shoulders," and his opportunities of ascertaining the amount of knowledge possessed by these women must have been equally great. We know the opinion he formed from the lamentation which he made that "Ignorant women, whom either extreme povertie hath necessitated, or hard-heartedness presumed, or the game of Venus intruded into the calling of midwifery (to have the issues of life and death of two or three at one time in their hands, beside the consequence of health and strength of the whole nation) should neither be sufficiently instructed in doing good, nor restrained from doing evil." With these thoughts it is not surprising that he should have attempted, in 1633, to provide for the instruction and government of midwives—a task which, we have seen, his father had seventeen years before failed to accomplish.

In 1646 he wrote a celebrated little book entitled "A Voice in Rhama, or the Crie of Women and Children echoed forth in the Compassions of Peter Chamberlen." In this he deplores that his scheme has not been carried out, and pours forth in his own eccentric but eloquent manner all the ardent and conflicting feelings with which he was filled.*

"Bloud (which polutes a land and cries aloud to Heaven) runs yet fresh from the innocent veins of women and children for want of some charitable Samaritaines to bind up the wounds which ignorance and disorder amongst some uncontroled femal-arbiters of life and death and others daily make. The conscience whereof, as formerly it moved my pious father to represent it to King James, so hath it me to move it since unto the king my master, who (by mediation of that true-hearted honour of nobilitie, the Earl of Pembroke and Mountgomery) read the petition, and vouchsafed a gracious reference; and it received the test and approbation of those two learned columnes of our facultie, Sr. Theodore de Mayerne and Sr. Matthew Lister. The benefit being computed (over and above the bettering of health and strength to parents and children) to the saving of above three thousand lives a year in and about London, beside the rest of England, and all other parts where the same order might have been propagated. A design (I thought) so full of pietie that no man would—so full of innocencie that no man could—so full of importance and general concernment that no man durst have opposed. What discredit had it been for a profession which lies under common disgrace and contempt to attain to the gravity and honour of order and government? What burden had it been for a calling which requires knowledge to be made more knowing and full of experience? What losse had it been to increase the number of living, which cannot but be an increase of employment to all sorts of trades and professions whatsoever—yea, to the very grave-maker, had he but patience to suspend his harvest till the young grew up to increase and multiply (not untimely, but) more and larger graves? My duty is to do good for evil, and to enthrone each member of our Facultie in the true orb it ought to shine in, were they as willing to accept as I to offer my endeavours. For (alas!) it is too grievous to think what a deluge of bloud lies on their graves or consciences since these *thirty years* that my father attempted this charitie, and thirteen years since I, in his example, revived it. Why may not the State resent a proposition of public good from me as from another? And if from me, then this proposition I do yet recommend that some order may be settled by the State for the instruction and civil government of midwives. Shall want of president be here objected? Yet this bath president in some foreign examples. The objection infers thus much: Because there was never any order for instructing and governing midwives, therefore there never must be; because multitudes have perished, therefore they still must perish; because our forefathers have provided no remedie, nor knew any, therefore we must provide none, though we know it. It may be, when bishops are restored again, their ordinaries will come in to plead their care. Of what? Truly, that none shall do good without their leave; that none shall have leave but such as will take their oath and pay money; that taking this oath and paying their money, with the testimonie of two or three gossips, any may have leave to be ignorant, if not as cruel as themselves; and that none shall have the privilidge to be so certainly forsworn as these who swear impossibilities. But of instruction or order amongst the midwives not one word. The mighty God of compassions blesse this public information to his glory. Amen."

The life of Dr. Peter Chamberlen has yet to be written. When it is it will be seen that he was a man of great talent and wide celebrity, energetic and eccentric, but at the same time highly practical. During the time he practised in London he made several proposals for the public good; that of establishing baths shared the same fate as the one we have now been considering. He was far in advance of the time in which he lived, and consequently experienced the usual fate of being misunderstood and abused by those who should have encouraged and assisted him. English midwives, however, should always remember that the two Peter Chamberlens were their first champions; and that to them they owe the first proposal made to place them in a position which would have been satisfactory to themselves and advantageous to the public.

Thus another half century passed and still no original work on midwifery, written by an English hand, appeared.

In 1637 Rueff's book, "De Conceptu et Generatione Hominis," was translated into English anonymously. The prejudice against printing this class of works in the mother tongue, complained of by Dr. Raynald in the preceding century, was not yet extinguished. We find in the preface to "The Expert Midwife," which was the title given to this translation, the following sensible remarks:—"Some (nicely precise) say it is unfit that such matters as these should bee published in a vulgar tongue, for young heads to prie into. True, but the danger being great and manifold, whether is it better that millions should perish for want of helpe and knowledge, or that such means, which though lawful in themselves, yet may by some be abused, should be had and used? But young and raw heads, idle serving men, prophane fidlers, scoffers, jesters, rogues; avaunt, pack hence! I neither meant it to you, neither is it fit for you." This, the first and most absurd of the many retarding influences which have obstructed the development and improvement of the art of midwifery, was soon, however, destined to disappear like a thin, unsubstantial mist before the strong bright intellects which were about to arise and consume it for ever.

The history of midwives during the fifty years we are now considering would scarcely be complete were we not to mention the existence of a remarkable document entitled, "The Midwives' just complaint, and divers other wel-affected gentlewomen both in city and country, shewing to the whole Christian world the just cause of their long-sufferings in these distracted times for want of trading, and their great fear of the continuance of it." Which sad complaint was tendered to the House on Tuesday, September 22nd, 1646.* It is too long to print in these pages, but the following extracts will give the reader an idea of its character:—"Humbly shewing, That whereas many miseries doe attend upon civill war, &c. We were formerly well paid and highly respected in our parishes for

* "Dr. Chamberlen was extensively engaged in the practice of midwifery, and at one time attempted, in direct opposition to the wishes of the College of Physicians, to obtain from the Crown authority to organise the female practitioners in that department into a company, with himself at their head as president and examiner."—Dr. Munk's Roll of the College of Physicians, vol. i., p. 181.

* London: printed for T. S. 1646.

our great skil and midnight industry; but now our art doth fail us, and little gettings have we in this age, barren of all natural joyes, and only fruitful in bloudy calamities. We desire, therefore, for the better propagation of our owne benefit, and the general good of all women, wives may no longer spare their husbands to be devoured by the sword. We have with much horror and astonishment heard of Kenton Bataille, the Batailles at Newbury, the Battle of Marston-more, the Battle of Naseby, wherein many worthy members and men of great ability were lost to the number of many thousands, which doth make us humbly to complaine that blood may not hereafter be shed in such manner, for many men, hopeful to have begot a race of soldiers, were there killed on a sudden, before they had performed anything to the benefit of midwives." This not very decently worded complaint may be found in a collection of pamphlets presented to the British Museum by George III.

Alice Dennis.

This royal midwife attended Anne of Denmark, Queen of James I., when she was confined with the Princess Mary in 1605, for we find by writ dated May 28th the following order: "To Alice Dennis, midwife, the sum of £100 for her pains and attendance upon the Queen, as of his Highness's free gift and reward, without account, impress, or other charge to be set on her for the same." A short time before her confinement the King and Queen were at Newmarket, and Sir Dudley Carlton writes to Mr. Winwood:* "Here is much adoe about the Queen's lying down, and great suit made for offices of carrying the white staff, holding the back of the chair, door-keeping, cradle-rocking, and such-like gossips' tricks." Soon after this they were at Whitehall, and Samuel Calvert writes to Winwood: "The King and Queen are all now at Court; the Queen expects delivery within a month. There is great preparation of nurses, midwives, rockers, and other officers, to the number of forty or more." For her confinement the Queen retired to Greenwich, and Calvert again writes to Winwood: "The Queen expects her delivery every hour, and prayers are dayly said everywhere for her safety. There is great preparation for the christening chamber, and costly furniture provided for performance of other ceremonies." These must indeed have been carried out on a magnificent scale, for we find amongst his Majesty's extraordinary disbursements, "The Queen's child-bed and other necessary provisions for that time £52,542."† Upon the same day Winwood receives another letter from John Packer, who says: "The Queen is not yet delivered, but is come to the end of her reckoning. The midwives are here attending, but she will not speak with any of them till she hath need of their help, neither will she yet signify which of them she will employ until the easyness or hardness of her travaile doth urge her to it." We have seen that Alice Dennis was the one at length selected.

How much better off was this Queen than Henrietta Maria, wife of Charles I., who, when delivered in this same palace of Prince Charles James in 1628, "Had neither physician nor other professional aid near her; and when her terrified attendants brought the good old woman who usually officiated at Greenwich, that functionary, overcome by the idea of the exalted rank of her patient, swooned away with fear the moment she approached the Queen, and was obliged to be carried out of the royal chamber."‡

By writ of Privy Seal, dated August 6th, it appears that Alice Dennis was present and officiated at the birth of the Princess Sophia. The order for her payment is dated September 3rd, 1606. "To Alice Dennis, Midwife to the Queen, the sum of £100."

Margaret Mercer.

By writ dated December 10th, 1603, this midwife was ordered to repair to Heidelberg, there to attend the delivery of "His Majesty's dearest daughter the Princess Electress Palatine," and by order dated January, 1616, she was paid the sum of £84 4s. "in full payment and discharge of the charge of her said journey, and six other persons attending and accompanying her from London to Heidelberg and back again, appearing by her bill of particulars, subscribed and allowed by us according to the tenour of the said Privy Seal."

* Winwood Memorials, vol. iii., p. 56.
† Truth brought to Light, &c. 1652.
‡ Strickland's Queens of England, vol. iv., p. 182.

THE CASE OF ARTHUR O'CONNOR.

By EDGAR SHEPPARD, M.D.,
PROFESSOR OF PSYCHOLOGICAL MEDICINE IN KING'S COLLEGE, AND MEDICAL SUPERINTENDENT OF THE MALE DEPARTMENT OF COLNEY-HATCH ASYLUM.

I AM desirous of offering a few remarks upon the recent trial of Arthur O'Connor for intimidating the Queen, and upon the plea of insanity now so frequently set up in criminal cases. The history and erratic career of this lad may, indeed, "point a moral and adorn a tale" for the benefit of the many misguided youths, with large aspirations and small brains, who spasmodically ruffle the surface of society by their waywardness and folly. To me, not the least astonishing part of this recent explosion lies in the defence set up for it by astute and scientific men. It astounds me that my friend Dr. Harrington Tuke should, by a flimsy and unsubstantial plea, seek to widen the breach already existing between the two professions of law and medicine in reference to criminal insanity. These observations might alone be justified upon what I heard in court and read in the newspapers. But I have a better claim to speak upon the matter, for, acting upon instructions from the Treasury, I had two long interviews with this unfortunate youth in Newgate, with a view to ascertain his state of mind. And I venture to say that if he is mad I never saw a madman yet; and I am supposed to see some hundreds daily. The impotence of the defence, and the consequent interference of the jury, rendered unnecessary the production of evidence to antagonise Dr. Tuke's, and confirm that of Drs. Sutherland and Bird, referred to in last week's LANCET.

The impression left upon my mind by my conversations with O'Connor is that he is very far from being what is termed "below par," of imbecile type, or feeble capacity. On the contrary, he is a youth of singular intelligence and good feeling, only needing the necessary guidance to become a credit to himself and his friends. Undoubtedly he is of delicate physical frame, impressional, and disposed to slight hysterical excitement, simulating that form of neurosis appertaining chiefly to what in earlier days was termed the weaker sex. He is vain and self-opiniated, having large sympathies with the suffering, and a tendency, resultant from the flighty literature to which alone he has been addicted, to mistake crime for heroism. This, and a leaning towards Fenianism, inspired possibly by his own name, have been the foundation of his political enthusiasm and the source of all his troubles. But as one would hardly expect a healthy body associated with a dietetic regimen of trifle and tipsy-cake, one could not think of a healthy mental development from a literature of highly-wrought sensational fiction. The document produced in court as written by O'Connor was a wild rhapsodico-hysterical shriek of Victor-Hugoism. It bore no more internal evidence of insanity than some of Hugo's screaming nonsense written to his countrymen during the German occupation of France. I would label "poison" upon the works of this author and Dumas, and place them out of the reach of British youth.

Nor has the mental tone of this unhappy lad been improved by his religious associations. He confessed to me that he had been in the habit of attending lectures of a very questionable character. So that all his leagues have been bad, and all his tendencies to the fostering of self-importance and the destruction of humility. And yet, in spite of all this, there is a fine moral perception which singularly interested me, and which has a special bearing upon his plea of "Guilty," and the monstrous assertion by his counsel and psychological apologists that he did not understand its nature. When speaking to him on the 1st of April concerning the utter folly and wickedness of the act which had got him into trouble, and of which he was most thoroughly ashamed, I asked him if he had any idea what was to be the nature of his defence. He replied, "There is no defence for such folly, and I shall plead guilty." On my remarking that probably his legal advisers would not allow this, he answered, "I do not care for that; why should I make matters worse by telling an untruth?"—a response which reflects the greatest credit upon his heart and his

intelligence. He further added that he should like to get away from England, change his name, and begin a new life. And this new life is what anyone would desire for this misguided and unhappy youth, who is, I am persuaded, deserving of more sympathy than, by the very nature of his crime, he will ever elicit. Loyal love for a good Queen will naturally drown all consideration for her bad subject. But he is worth consideration, for he is made of fine stuff, easily to be moulded either for good or for evil. He has got into a wrong groove, and has been running day by day to perdition. Put him in the right groove, and the higher nature will develop itself, and he will equally run to excellence. I am so certain of this, and so interested in the boy, that, when his term of imprisonment expires, I will gladly associate myself with Dr. Tuke and others in trying to get him into good training and a new country.

Everyone who observed O'Connor during his trial must have been struck by his look of intelligence, and his intense amusement, amounting at times to the tears and laughter of hysteria, at the idea of learned persons gravely trying to prove him mad, and attribute to him an unconsciousness of the nature of that plea which was suggested to him solely by his own honour and integrity. It was interesting likewise to watch his *pose* in the dock—the *pose* of vanity and self-importance,—as though he knew he was being photographed, and wished the sun to do him every justice.

Physiologically and psychologically this instructive case may be summed up thus:—Arthur O'Connor is a delicate, finely strung, impressional youth, with unfavourable hereditary proclivities, and weak bodily frame. He is constructed of that material out of which, under misdirection, insanity is too frequently generated; but, under direction, a fine order of intelligence is equally to be developed. With careful management, good diet, fresh air, and wholesome teaching, his mental and physical structure will both improve. His apologists have mistaken honest but foolish political convictions for "delusions," and an act of mock heroism for an "insane impulse." He has neither delusions, nor illusions, nor hallucinations. He has been improperly handled, and has made a young fool of himself. If the future will handle him—or rather, if he will handle the future—differently, he should become a wise and sensible (though he will never be a strong) man.

Colney Hatch, April 16th, 1872.

THE

CONVALESCENCE FROM TYPHOID FEVER.

BY T. J. MACLAGAN, M.D.

THE convalescence from typhoid fever, even when there is no complication, is long and tedious; and during its progress there is a greater tendency to the development of pulmonary mischief and other debilitating disease than is found to exist after other forms of fever. Typhus, for instance, may bring the patient as near the point of death, and leave him as thoroughly prostrate, as an attack of typhoid; but as soon as the fever is gone he begins to rally and pick up; the tongue cleans; the appetite returns, and soon gets keen and sharp; digestion is as vigorous as in boyhood; the richest diet may be taken with impunity, and with a relish hitherto unknown; wine and other stimulants may be taken with equal relish and impunity, and in quantities which to the uninitiated seem almost sinful. The patient enjoys the good things of this life as he probably never did before, and rapidly and steadily gains strength. It is not so in typhoid. The appetite is less keen; digestion and assimilation are less perfectly performed; great caution requires to be exercised by the patient both as to the quality and quantity of his diet; and he finds that his convalescence is not only long and tedious, but that it is apt to be interrupted by discomforts and anxieties which are unknown to the convalescent from typhus.

I have suffered from both forms of fever since I entered the profession, and can bear personal testimony to the difference in the sensations of the two classes of convalescents. The convalescence from typhus was one of the most enjoyable periods of my life; that from typhoid was bereft of great part of the enjoyment which would otherwise have accompanied it by the slowness with which strength returned, the discomfort caused by any indiscretion, and the constant feeling that care was needed to prevent a recurrence of such discomforts and possibly greater evils.

Why is this? In what respect does the convalescent from typhoid differ from the convalescent from other forms of fever? His chief peculiarity is to be found in the condition of the small intestine. It contains numerous ulcers, resulting from the destruction of the glands which were specifically affected during the fever. The number and extent of these ulcers bear a direct relation to the severity and duration of the attack from which the patient is recovering. The protracted duration of the convalescence from typhoid fever is usually attributed to the presence of these ulcers and the length of time that the patient is under the influence of the poison of the fever. The true explanation of the peculiarity alluded to is to be found, not in the *presence*, but in the *mode of formation* of the ulcers. They result from the destruction of glands which play an important part in the assimilation of the nutritious ingredients of the chyle.* The destruction of such glands cannot but be followed by a serious interference with the process of assimilation. Such interference affords a sufficient reason why convalescence should be slow, and why it should so often be further complicated by the appearance of pulmonary mischief in those at all predisposed to tubercular disease, and by the occasional onset of other diseases attributable to mal-assimilation. It is not so much that the food is not digested as that it is not assimilated. A convalescent from typhoid fever may consume (though seldom with the same relish) as large an amount of real nourishment as a convalescent from typhus, and may digest it too, but it is not assimilated in the same way; and food which is not assimilated had better not be taken, as it tends only to produce discomfort and retard convalescence.

Such is the condition of every convalescent from typhoid fever. When he is reduced to skin and bone by a long and trying illness, and when he requires all the nourishment that can be given, a number of the channels by which the chyle enters the system are destroyed, with the inevitable result of greatly retarding the return of strength. In time nature accommodates herself to the altered circumstances; the other absorbent parts of the intestine do the work previously done by the glands which have been destroyed, and by-and-by they are not missed. Such a compensating increase of function requires some time for its completion, the time varying in different cases according to the number of glands which have been destroyed. Until it is completed health and strength cannot be fully restored. Every physician knows that the diet and regimen of a convalescent from typhoid require to be carefully regulated. A typhus convalescent may be left almost entirely to the cook, and may be sent away for change as soon as he can move about with a little comfort. It is not so with the convalescent from typhoid; diet must be so regulated that he does not have more than the altered condition of his intestine permits of his assimilating. The quality should be good, but the quantity not great; neither should too long an interval elapse between each meal. Nourishment should be given frequently, say every three hours, and in small quantities, rather than in large quantities at wider intervals. It should also be very gradually increased. The uninjured absorbent portions of the bowel accommodate themselves to the increased work gradually, and not completely for some time. The work given them to do should therefore be also increased gradually, and full diet should not be returned to until there is good reason to believe that it may be properly assimilated. Nothing is so apt to retard convalescence as sudden changes from a comparatively poor to a rich diet. During the first week or ten days of convalescence I generally confine the patient to milk, beef-tea, and the lighter farinaceæ, given in small quantities and frequently. The object is (1) to give only such articles and such quantities as may be assimilated before the seat of the destroyed glands is reached, and (2) to guard against unnecessary depression by giving a second meal as soon as the first is digested and got rid of. By gradually increasing the quantity of food the action of the absorbent parts of the bowel is stimulated, and the patient is in time brought in safety to his wonted health and strength.

* See a paper on the Bowel Lesion of Typhoid Fever, its Nature and Treatment, in THE LANCET for Jan. 20th and 27th.

There should be no unnecessary exertion or excitement for some weeks; the patient should not try his strength, but should rest content with the assurance that digestion and assimilation are being properly performed, that he is gradually gaining ground, and that no local disease is manifest. As assimilation is imperfect, no needless waste should be created by undue exercise of either mind or body. All that can be taken up by the lacteals is required for restoring to the normal the various organs of a body which has been wasted by the long duration of the fever, and which has had an important part of its restorative apparatus destroyed during the course of that fever. Therefore there should be no unnecessary waste. Again and again I would urge the necessity of abstaining from directing to the muscles any undue portion of the comparatively meagre supply of nutriment which gets into the system, and every bit of which should be utilised in warding off as far as possible those serious organic changes (the results of mal-assimilation) which are so apt to show themselves in the lungs and other organs. A convalescent from typhoid fever should not take much exercise until health is pretty well established, and should not return to business for at least two months after he is able to leave his room.

In an interesting communication read at the last meeting of the British Medical Association, Dr. T. Clifford Allbutt, of Leeds, gave the notes of five cases of marasmus in which the wasting was attributed by him to mal-assimilation consequent on destruction of the absorbent glands during an attack of typhoid fever. Such extreme cases I have never seen, but could quite fancy their occurring.

Dundee, March, 1872.

CHLORAL IN HYDROPHOBIA.

BY J. D. SAINTER, L.F.P.S. GLAS., L.S.A. LOND.

ON Wednesday, November 29th, 1871, about 9.30 P.M., I was hastily summoned to visit Mr. M——, whose residence is in an adjoining street. He is about forty years of age, and I have known him for some years as a person of active, business-like habits, temperate and always enjoying good health. On approaching his house I found the neighbourhood in a state of great excitement, and his bedroom was nearly full of people. He was yelling and struggling in frightful convulsions on the bed, and it required the united efforts of eight or ten people to keep him upon it. Upon inquiry, I learned from Mrs. M——, that after her husband had been at home for half an hour, he complained of feeling very poorly, and said he would go to bed. She likewise added that he had not been well for the last week or more. Shortly after he had gone up stairs she heard a disturbance in the bedroom, and upon going to see what was amiss, she found Mr. M—— floundering on the floor, apparently unable to stand upright, quite unconscious, and screaming with agony. She immediately left the house for help, and found two or three friends who returned with her, and with some difficulty they dragged the poor sufferer from under the bed, where he had crept, and placed him upon it. After I had witnessed the terrible scene above described, and having waited until my patient had become moderately tranquil, I noticed first the peculiarly wild expression of his features, his eyes being very brilliant, with the pupils fully dilated. He sighed now and then, seemed timid and anxious, and upon recognising two or three friends around the bed, he asked them, "What they were doing there?" "What was the matter?" Pulse about 95, and slightly intermittent. He complained of an uneasy sensation about the epigastrium, and was inclined to be sick; also of stiffness about the neck, and a sore-throat. Occasionally he ejected frothy mucus from the mouth in a whining tone of voice, with incoherent raving. After a short interval, upon offering him some tea, the muscles of his face began to twitch; he grinned, and, looking wistfully at it, after some little hesitation he swallowed a little with difficulty. Soon after this, his breathing having become greatly embarrassed from spasmodic action of the diaphragm and the muscles of the larynx and pharynx, he sprang up suddenly, foaming at the mouth, in a perfect frenzy of delirium, and tossing his hands about in all directions, he made desperate efforts, with hideous howls and shrieks, to jump off the bed. This was luckily prevented by the bystanders, as on the previous occasion; and after becoming exhausted by his fearful efforts, he sank gently down on the bed, and covering himself overhead with the bedclothes, he lay in a state of stupor. Presently another attack seemed imminent, he became restless, and, throwing off the clothing, he pointed to the pit of his stomach, tremulously exclaiming, "Now I feel it coming on; its working up; lay hold of me!" Convulsive difficulty of breathing, with constriction of the throat, then advanced apace: he snapped his teeth, hawked and spat, and became furious, being nearly suffocated; and similar measures were adopted by way of restraint as I have mentioned before. These paroxysms of excitement, attended by more or less intensity of suffering, succeeded each other about every ten minutes. On one occasion my patient exhibited a biting propensity. During a very severe attack he laid hold of my overcoat sleeve, which is a thick double-milled cloth, and took a piece clean out of it the size of a half-crown. He likewise snatched at one of his friends, and seized one of the buttons of his coat. Such were some of the most prominent and leading symptoms that presented themselves to my notice. That some of them were of an hydrophobic character I had every reason to believe, more especially when recollecting that I had cauterised Mr. M——'s hand for a bite from his own dog some four or five months ago.

With respect to the treatment, shortly after I had been called in, as I have before stated, he complained of nausea, and I went home for an emetic. On my return I met C. J. Sanford, Esq., surgeon 2nd Royal Cheshire Militia, whom I invited to see the case. After the operation of the emetic (which required two ounces of ipecacuanha wine given at twice before vomiting was produced), my patient appeared to be relieved, the spasms being less violent. By-and-by, however, they became more active, so much so that it appeared to me exhaustion would sooner or later be the consequence unless something was done. I therefore suggested to my colleague that we should try the chloral hydrate. Accordingly twenty grains in simple syrup were administered every hour. After the third dose the violence of the symptoms began to moderate. After the fourth dose there was a still greater improvement. The next dose brought on slumber, and this soporific effect was kept up by giving the same dose of the chloral at longer intervals. For the next twenty-four hours nothing of any consequence occurred, with the exception of slight twitchings of the face and jerkings of the arms and legs during sleep. These were allayed at any time by an extra dose of the chloral. Beef-tea, mutton-broth, common tea, or water-gruel were given him occasionally, which he swallowed without much objection when fairly roused up. During the next three days the somnolency was kept up by the medicine, with only a few twitchings showing themselves. On the morning of the fifth day he awoke out of a gentle slumber, and said to his wife: "I feel as if I should like to bite somebody." This was the last symptom noticed of an hydrophobic character. After the fifth day the chloral hydrate was discontinued, and the quantity taken altogether amounted to 360 grains.

In this case I have to remark that there was not so much thirst or foaming at the mouth as I have seen in others, neither was there so much objection to swallowing fluids when deglutition was practicable and he was not affected by sounds or currents of air. There is not much doubt, however, that if the attack had lasted longer the symptoms would have assumed a still more aggravated form. I have great faith in the chloral hydrate in many affections, and, in this instance, I should have given it by injection rather than have omitted to use it.

It may be easily imagined, after what I have reported, that the physical powers of my patient had been severely taxed. It required some weeks before he was able to leave the bedroom, owing to extreme nervous depression and general prostration. His mind was kept as much as possible in a state of repose for fear of bringing on any remaining tendency to spasm. Little or no allusion was made by any person to him as to what had been the nature of his illness; and after a time, when fit to travel, he went among some friends in Derbyshire. He has lately returned, able to attend to business; and I have gleaned from him the following particulars with reference to the premonitory symptoms of his case. He states that a fortnight before

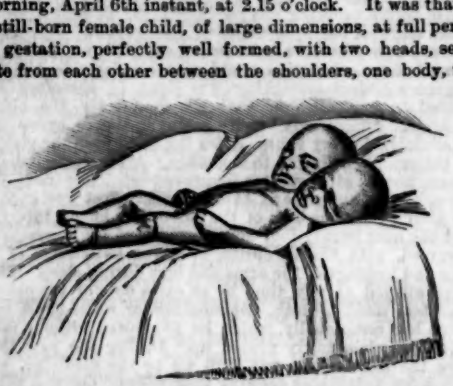
his attack he felt a pricking sensation about that part of the hand which had been bitten, followed in two or three days by swelling, and a pain striking up the whole arm, which afterwards became numb. He thought it was rheumatism. These symptoms increased, and he began to decline in health. His appetite failed; he had chills and heats, with an occasional headache; felt confused, anxious, and irritable; was easily startled and alarmed. When walking along the streets he would suddenly stop or turn round, and did not know the reason why. If a bird flew out of a hedge, or any unusual noise occurred, he felt agitated. When at chapel on the Sunday previous to his being laid up he experienced a sudden impulse to spring forward and jump over the front of the pew, and he restrained himself from the attempt by laying hold of the seat with both hands. With respect to the history of the dog, Mr. M—— states that before it bit him he had noticed a change in the animal's temper for some time; it had become shy, peevish, and sullen; and one night, as he was tying it up to the kennel, without any provocation it laid hold of his hand. The dog was destroyed on the day following Mr. M——'s attack of illness.

Macclesfield, Feb., 1872.

AN EXTRAORDINARY BIRTH.

BY HENRY H. MUGGERIDGE, M.R.C.S. ENG.

I AM desirous of recording a few particulars of an extraordinary birth that happened in my practice on Saturday morning, April 6th instant, at 2.15 o'clock. It was that of a still-born female child, of large dimensions, at full period of gestation, perfectly well formed, with two heads, separate from each other between the shoulders, one body, two



arms and legs. The patient is twenty-four years of age, and has one child, a year and eight months old. This was the second birth, and was expected the end of March. I was sent for about 9.30 P.M. on Friday the 5th, and, on examination, found the os uteri lay high and dilated. The pains were very frequent, and the liquor amnii discharging at every pain. About 10 o'clock the left knee presented, and I soon obtained the foot and leg. Continued pains, with assistance, brought the leg down above the knee, the swelling of which became so great that it was some time before the right foot could be found; and when that leg was brought down it might be compared in size as the finger of a man's hand to that of his wrist, the left leg having become so swollen. At about 11.30 I had obtained the abdomen as far as the umbilicus. The pains were continuous and severe, and the pressure very great; and for the next two hours, without much progress. The circulation had stopped in the funis, and at 1.30 A.M. I tied and separated it (when no blood flowed), hoping to accelerate the end, as I felt much exhausted from the previous day's work. I expected from the size of the abdomen, and the great pressure on it during birth, to find a large head, and was desirous to obtain my instruments; but the patient earnestly requested me not to leave her. I then sent for my friend and neighbour, Mr. P. Merryweather, with a request for him to bring his; he soon arrived, and after about an hour she was safely delivered without their use, the left head being the first born, the second following easily. I now append the dimensions as measured on the next day—namely: Circumference of right head, 12½ in.; circumference of left head (born first), 12¼ in.; circumference of right neck, 6½ in.; circumference of left neck, 6¼ in.; circumference of both necks, 9½ in.; length from chin to anterior fontanelle of right head, 4½ in.; do. of left head, 4¼ in.; length across shoulders, 6½ in.; circumference of shoulders and chest, 15 in.; circumference of chest, 13½ in.; circumference at umbilicus, 11¼ in.; length, 18½ in. Weight, 7 lb. 10 oz.

There is only one like it in the museum of the Royal College of Surgeons. The mother is doing well as after a natural labour; the milk dispersed, and she is up—the tenth day after labour.

Norfolk-terrace, Bayswater, April 16th, 1872.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

CASES OF BASEDOW'S DISEASE.

(Under the care of Mr. JONATHAN HUTCHINSON.)

CASE 1.—Harriet M——, aged twenty-two, unmarried, came under care in the middle of December, 1871. She had at that time slight exophthalmos, but not enough to prevent her shutting her eyes with tolerable ease. The external carotids throbbed more strongly than normal, but there was no perceptible enlargement of the thyroid body. She did not suffer from palpitation, nor had this symptom ever been present. When spoken to, she answered quickly and shortly, as if somewhat nervous, and easily blushed. She said that she herself had noticed increased irritability of temper of late, and that her mother had told her of it also. She had a rather full face, dull complexion, with a good many acne spots. Her account was that about a year before admission she had begun to menstruate scantily, and with increased backache. Her health in other respects being good, she took but little notice of the above change until six months before admission, when her eyes began to be prominent. The increase in the size of her neck (as judged by the feeling of tightness produced by her collar) had, as she believed, varied at different times.

The patient has been under treatment for more than three months, taking tincture of perchloride of iron. Menstruation has become rather more abundant, and her eyes have decidedly become less prominent.

CASE 2.—Drucilla H——, aged forty-six, unmarried, was admitted on the same day as the preceding patient, with similar but much more marked symptoms. She was a thin, rather pale woman; a servant. Her manner of speaking was quick, anxious, and almost irritable, although she was good-tempered. She easily blushed, and was continually fidgeting about with her hands, taking up her letter, putting it down again, changing it from one hand to the other, &c. Her eyes were very prominent, sufficiently so to make complete closure of the lids difficult if not impossible. Her external carotids pulsated violently. The thyroid body was decidedly, but not greatly, enlarged, the enlargement being almost symmetrical; it was doubtful whether the gland itself pulsated, but it was very readily lifted by the large arteries about it.

She did not give a very clear history of the commencement of her symptoms; but it seemed most likely the enlargement of the neck and the prominence of eyes began at about the same time, three or four months before she came under observation. The catamenia had always been scanty, but had been unusually so and irregular also for several months before she was seen.

She is still (March 30th, 1871) under care. She has taken the perchloride of iron regularly. Her condition is de-

cidedly worse; the eyes are more prominent, she has lost flesh, and the heart's action is rapid and she is irritable—a symptom from which she had not suffered before she came to the hospital. There is no bruit. The pulsation of the arteries in the neck is communicated to the superficial veins. In January she suffered much from sickness coming on every morning and lasting till about one o'clock.

Case 3.—M. D——, aged nineteen, was sent to hospital by Dr. Arthur in January, 1871. She had then a symmetrical bronchocele of moderate size; not, however, accompanied by any very noticeable throbbing of the carotids. Her eyes were very prominent, and projected out almost to the level of the upper margin of the orbit, so that the whole of each iris was exposed. Vision and accommodation were perfect. The retinal veins were decidedly turgid, but the optic discs were normal. There was no enlargement of the vessels of the conjunctivæ. In ordinary closure of the lids an aperture of at least a quarter of an inch was left between their margins, but by an effort she could close them entirely. The pulse was 92, soft and feeble. No bruit could be heard over the heart. Her temperature was 99·5°. She was in good health, and had an excellent appetite. Her complexion had always been pale, and was not more so than usual when seen by Mr. Hutchinson. Her face was rather full. She was slightly nervous. Her history was as follows: In August, 1870, she went on an excursion and got very wet. Immediately after this, menstruation ceased for about four months, and did not recur till a fortnight before I saw her. On the last-named occasion her mother believed that it had been brought on by the action of some pennyroyal which had been given to the patient. In other respects her general health remained unaffected by the wetting. The prominence of the eyes was first noticed about two months after she got wet and ceased to menstruate.

The patient has remained under care ever since, and has taken tincture of perchloride of iron for many months. She is now (April 3rd, 1872) rather worse than she was a year ago. She is also more nervous than she was, and the eyes are so prominent that no effort suffices to entirely close the lids.

Case 4.—M. N——, aged twenty-one, was sent by Mr. Clapton in March of the present year. She is a delicate-looking girl, of dark complexion, and very pale. She works as a milliner's saleswoman. She has a bronchocele of moderate size, not pulsating; the isthmus is the part especially enlarged. Both eyes are prominent, but the left the more so, and she thinks that the right has receded lately. There appears to be a little drooping of the right upper lid; but this may be deceptive. Menstruation is now regular, and has always been so while she lives at home (at Brixton); but twice when she has stayed for a considerable time in Devonshire it has ceased entirely; the last occasion was two years ago, when she was in Devonshire for twelve months, and did not menstruate during that time. It was during this period that the proptosis and bronchocele began, for they were noticed by her friends as soon as she came back. Her digestion is said to be good; tongue flabby and much fissured. She does not like meat, but is very fond of pastry. Pulse 120. She has become more nervous since the disease commenced, but has not noticed any special irritability of temper.

MIDDLESEX HOSPITAL.

(Cases under the care of Dr. John Murray.)

The following cases, met with in the out-patient department of the above hospital, are worthy of note:—

Epileptiform Seizures of fifty years' standing relieved by Bromide of Potassium.—A hale-looking and intelligent shoemaker, sixty-eight years of age, presented himself for advice, complaining of sudden attacks of "confusion in the head," occurring chiefly, but not invariably, in bed by night, and never lasting more than four minutes. For fifty years he had suffered from these attacks at intervals of three or four months; each visitation representing a variable number of fits, as he called them, and lasting over a week. The fit is sudden and without any aura. If walking during the onset of the fit he has difficulty in keeping his legs, but he has never fallen down or completely lost his consciousness; if he is attacked during sleep he is at once wakened up. The fit is not accompanied by convulsion or pain; he becomes very hot, and the attack passes off with profuse perspiration. The fits may occur several times during the twenty-four hours. With this exception he has always enjoyed good health, and has no cardiac disease. He has been treated in very many ways for his attacks, by blistering, cupping, cold shower-baths, &c. Dr. Murray, entertaining the idea that the case was of an epileptiform character, ordered fifteen-grain doses of bromide of potassium three times daily. This was on February 13th. On each of the three previous nights the patient had had five or six attacks, besides two or three during each day. On the first night after taking the bromide of potassium, however, he had only three or four, and he slept much better; up to March 1st there has been no recurrence whatever of the attacks. He has still some "deficiency" in walking, but says that he has never been so free from the attacks since he was first seized with them.

Extract of Nettles in Whooping-cough; peculiar rash following its administration.—There are at present several children suffering from whooping-cough who are being treated by extract of urtica, an old and popular remedy for that disease, and which Dr. Murray observed had been used in this affection, apparently with success, in India. Although the drug had been given in about a dozen cases, the evidence that it was a remedy was most equivocal. In one case, however, that of a boy eleven years of age, who the mother said had commenced to whoop only two or three days previously, and who had slight bronchitis, the extract was given in half-drachm doses three times a day, commencing in the forenoon of February 16th. On the following day the face became very puffy, and the skin over the whole body swollen, red, and very itchy. This lasted during the 18th, and the mother, getting alarmed, and believing that the mischief was due to the medicine, took the boy to the dispenser, who corroborated the mother's account of the swollen face. The mother now gave only half the quantity of medicine ordered. The swelling had disappeared by the 20th, when he was seen by Dr. Murray, but he had not whooped since he took the first dose of the medicine, and his cough had been much better. The patient continued the diminished doses of the medicine for a week without any return of the whoop, and the bronchitis had almost entirely disappeared. The existence of pertussis in this case is doubtful, inasmuch as the mother's account alone cannot be depended upon, and the other characteristic symptoms of the disease were not evident. The fact, however, of the general affection of the skin appearing whilst taking the urtica is interesting.

Cases of Sick Headache treated successfully by Indian Hemp.—Under care at present are two female patients, the one forty-one, the other fifty years of age, and both married, who have been for many years subject to sick headache. They have been greatly benefited by the administration of ten-minim doses of tincture of Indian hemp three times daily, between the attacks. The hereditary character of the affection is well exemplified in both. In one case there is a history of the mother and four sisters suffering from similar attacks; while the other patient states that her aunt was subject to sick headaches and died insane, that a sister suffered from frequent severe headaches without sickness, and that a brother was a deaf mute and had sick headaches.

HIGHGATE INFIRMARY.

SYPHILITIC GROWTH OF RIGHT CEREBRAL HEMISPHERE.

(Under the care of Dr. Stretch Dowse.)

Jane J——, a woman of dissolute habits, aged thirty-three, was admitted into the Highgate Infirmary on Feb. 8th, 1871, with the following history:—Health good prior to her marriage, which took place thirteen years ago, and six months after she contracted syphilis from her husband. No treatment was employed, although it is quite evident from her statement that she must have gone through the primary and secondary stages of this disease. In ten months from the commencement of her married life she gave birth to a child, which grew up healthy, and, strange to say, quite free from syphilitic taint. In twelve months' time another child was born, which lived only seven months, dying completely emaciated from syphilisation. These were the only children to whom she ever gave birth; there

was no miscarriage. Until four years ago her health does not appear to have been seriously impaired by the syphilitic poison. But at this time she took to habits of intemperance, and during a fit of intoxication lay upon the ground all night exposed to the cold air, and when she became conscious she was seized quite suddenly with intense pain over the left side of the head and face, accompanied with ptosis of the left eyelid and convergent squint of the same eye. Her condition at this time was that of general malaise, with severe nocturnal pains in the bones. She then placed herself under the care of a medical man, from whose treatment her health improved greatly; the ptosis of left lid, but not the squint, entirely passed off. After this ptosis of the right eyelid succeeded, and this, like the former, soon yielded to treatment, but was followed by paralysis of the muscles of the right half of the tongue.

Upon her admission, the following signs and symptoms presented themselves:—Great emaciation of body, staggering gait and faltering progressive power of locomotion; double convergent squint, ptosis of left eyelid, the vision of the right eye being perfect, of the left diploptic; both pupils were equally dilated, and scarcely if at all influenced by direct light. There was pain of a dull, intensely aching character, always worse at night, extending over the entire scalp, left side of face, and upon the exterior surfaces of nearly all the long bones. There were nodular prominences of the cranial bones and both tibiæ, and extending down the course of the latter bones were to be found gummatous elevations. The pharynx and posterior fauces were deeply cicatrised, coincident with psoriasis of the tongue and soles of the feet. The left half of the scalp, face, tongue, and buccal mucous membrane were almost completely anæsthetic. There was increased salivation, and to some extent the risus sardonicus was marked. The tongue, when protruded, was completely curved to the opposite of the side which was paralysed. The senses of smell, taste, and hearing were each impaired upon the left side. There was neither motor nor sensory paralysis of either extremity. The speech was thick but not aphasic. The vessels of the left retina were tortuous, and the general surface dull and congested. Her memory and reason were both little affected until after the first epileptiform seizure, which occurred on Nov. 18th, 1871. At this time the fit was protracted and severe, and was succeeded by others at varying intervals up to the time of her death. For days together she would be subject to aberration of reason, mental confusion, and a state of stupor, accompanied with single prolonged tonic spasms affecting the flexor muscles, until the whole body became perfectly rigid, with the forearm flexed upon the arm and the thighs upon the abdomen. Between these convulsive seizures her mind would suddenly be roused to increased though aberrant activity, and she would hold converse with some unseen person, the subject of a deluded imagination. These conditions were markedly characteristic when compared with her customary lethargic power of thought, memory, or perception. Her death took place on February 6th.

Autopsy made twenty-four hours after death showed the following lesions in relation to the brain and its membranes. The dura mater was partially adherent to the internal table of the skull, and to nearly the whole extent of its right half there was more or less thickening. At one part, extending over an area of nearly a square inch, it was thickened to quite a quarter of an inch, firmly adherent to the parietal bone, and presenting a yellow, cartilaginous appearance. Attached to the inner surface of this diseased portion of membrane, and growing from it, projecting into the substance of the middle right cerebral hemisphere, was a growth about the size of a pullet's egg, its diameter being about two inches, and its depth one inch; it was surrounded by softened brain-tissue. The consistence of the tumour was tolerably firm. The portion next the dura mater was of a greenish-yellow colour, and firmer than the rest; two or three narrow bands of a similar appearance projected into the mass of the growth. The outer part of the tumour towards the brain and the part intervening between the bands just mentioned was rather less firm, of grey semi-translucent look, more vascular than the other part, and resembling very much the grey matter of the brain.

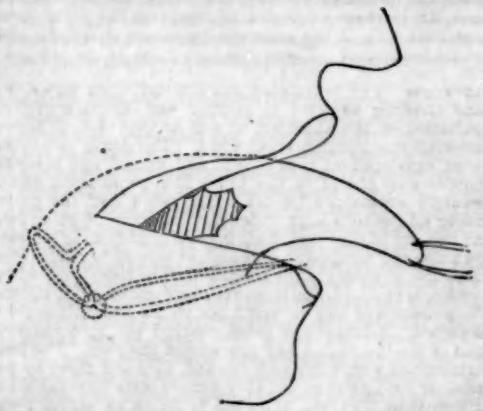
The following microscopical examination was made by Dr. Gowers. The growth consists everywhere of small cells and a fibrous stroma. The cells were, for the most part, from $\frac{1}{1500}$ to $\frac{1}{1000}$ of an inch in diameter, more or less round in form, each having a small round nucleus from the $\frac{1}{3000}$ to the $\frac{1}{1000}$ of an inch in diameter, lying near the centre of the cell. In the outer parts the cells were rather longer, but rarely exceeding the $\frac{1}{1000}$ of an inch in diameter. In the firmer part of the growth the fibrous stroma was well marked, the fibres running more or less parallel with one another. In the cortical part, in which the cells were longer, there was very little fibrous tissue between them, but here and there among the fibres small fusiform cells were to be seen, but these were not numerous. A careful examination of the roots of the cranial nerves, at their attachment to the brain, did not reveal any morbid change.

QUEEN'S HOSPITAL, BIRMINGHAM.

REMOVAL OF CANCEROUS TONGUE; RECOVERY.

(Under the care of Mr. FURNEAUX JORDAN.)

ON January 27th Mr. Jordan removed a cancerous tongue by a method somewhat different from that ordinarily employed. The cheek was divided in the way advocated by Prof. McLeod, of Glasgow; thus the cheek was transfixed just in front of the ramus of the jaw, and the knife carried to the angle of the mouth. The arteries were closed by torsion, and a troublesome vein by acupressure. The tongue was then seized close to its root between the finger and thumb of one hand, while the other carried under the tongue a strong curved needle threaded with four pieces of ligature. These drew back through the channel made by the needle the chains of two écraseurs, one after the other. One écraseur was fixed so as to divide the tongue near the larynx, the other was to separate it from the floor of the



The double dotted lines represent the position of the chains of the écraseurs.

mouth. The instruments were worked simultaneously, and in about seventeen minutes clean removal was effected, absolutely without hæmorrhage. Dr. Underhill kept the patient efficiently under chloroform during the whole operation. The facial wound was closed by silver sutures.

At his visit on February 9th Mr. Jordan remarked as follows:—It is not quite a fortnight since the operation, and the patient, who gets up every day, says she was never better in her life. Her articulation is fairly intelligible. The facial wound healed by the first intention, and leaves only a line of cicatrix, not very important, under the circumstances, in a woman past middle age. Through the uncut mouth the tongue cannot be thoroughly removed. The method of applying the écraseur through an incision in front of the hyoid bone has this serious drawback: it removes the submaxillary tissues (quite remote from the cancer) down to the submaxillary skin, leaving no floor to the mouth, and thus necessarily interfering with deglutition and articulation. You see here in the floor of the mouth a healthy, clean, cicatrising, convex (by muscular action) surface. I believe the method I have adopted has advantages over those of Syme, Regnoli, and others.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 9TH, 1872.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

ON A CASE OF ABDOMINAL ANEURISM CURED BY COMPRESSION OF THE AORTA.

BY WALTER MOXON, M.D.,
ASSISTANT-PHYSICIAN TO GUY'S HOSPITAL;
AND
ARTHUR E. DURHAM, F.R.C.S.,
ASSISTANT-SURGEON TO GUY'S HOSPITAL.

THE patient, a comparatively healthy-looking young man, twenty-seven years of age, presented himself among Mr. Durham's out-patients at Guy's Hospital on August 2nd, 1871. On examination he was found to be suffering from an abdominal aneurism of considerable size, the pulsation and intumescence of which were manifest to the eye as well as to the touch. He was recommended for immediate admission, and was placed under the care of Dr. Moxon in the clinical ward. The aneurism could be distinctly felt over a space extending from rather less than an inch below the cartilages of the fixed false ribs above to a level with the umbilicus below, and from the right side of the median line across to about midway between the median line and the left border of the abdomen or rather further. Pulsation was full and strong, but could be controlled by careful and deep digital pressure. The patient was kept perfectly at rest in bed for eleven days, and on very spare diet. At 10.30 A.M. on the 14th August (no food having been taken since the preceding evening) chloroform was administered, and Mr. Durham proceeded to compress the aorta on the proximal side of the aneurism by means of Lister's abdominal tourniquet. There was just room to get the pad of the tourniquet between the cartilages of the ribs and the aneurism. The tourniquet was screwed down very slowly, and carefully adjusted in position and direction until the pulsation of the aneurism as well as that of both femoral arteries was completely arrested. The lower extremities were enveloped in cotton wool, and flannel and hot-water bottles were placed in the bed. The compression was absolutely maintained for ten hours and a half, the patient being all the time kept under the influence of chloroform. At the end of that period his general condition, as indicated by pulse and respiration, was such as seemed to render it undesirable to continue the treatment. The tourniquet was accordingly removed, and no more chloroform was administered. No pulsation of the aneurism nor of the femorals could be detected. A bright-red patch marked the spot where the pad of the tourniquet had compressed the skin. The lower extremities were cold, and marked here and there by purplish or livid patches, but they were in more favourable condition than they had appeared to be at an earlier period during the compression. In the course of a short time pulsation of the aneurism could be again detected; but the aneurism remained much smaller and harder than before the treatment. The patient passed a good night, and the next day had little or nothing to complain of except the exquisite tenderness of the skin at the compressed spot. There was no internal pain or tenderness, nor any indication whatever of mischief done to the visceral or other internal structures. It seemed remarkable that such severe treatment should be followed by so marked an absence of all serious disturbance, whether local or constitutional. No bad symptom of any kind arose. The aneurism gradually became firmer and smaller, and its pulsation less and less perceptible. At the end of rather more than a month, pulsation could no longer be detected. The femoral arteries, in which, as well as in the aneurism, pulsation had to some extent temporarily returned—had also ceased to pulsate; the aneurismal tumour gradually diminished in size; the patient recovered health and strength, and, indeed, was apparently in far better condition than he had been for a long time previously to his admission to the hospital. He was presented for examination by the Fellows present.

In commenting upon this case, the authors remarked that, so far as they were aware, it was only the second case of the kind upon record in which a similar method of treatment had been followed by similarly successful results. The first case occurred in the practice of Dr. Murray, of Newcastle (to whom they wished to ascribe all the credit of having initiated the method of treating abdominal aneurisms they had thus adopted). It appeared probable that in their case, as in that of Dr. Murray, the aneurism was connected with the aorta at or about, and probably involving, the inferior mesenteric. In such cases this method was most applicable. In another case, however, now under their care at Guy's Hospital, there was reason to believe that the aneurism was upon the superior mesenteric. Nevertheless, they hoped to succeed in applying this method, and with satisfactory result. Sphygmographic tracings were taken by Mr. Mahomed during an experimental attempt made by Mr. Durham to compress the aorta in the case referred to. Mere tracings showed in a most striking manner the effect produced upon the pulse at the wrist by compression of the abdominal aorta or immediately connected parts.

In conclusion, the authors expressed their opinion that the method described should be carefully, but fully, tried in all cases of abdominal aneurism (few though such cases be) in which it may be found practicable to compress the aorta on the proximal side of the aneurism in such way and to such extent as to arrest its pulsation, and at the same time without the exercise of such force as might seriously damage the viscera or other internal parts. On anatomical grounds compression of the aorta on the distal side of an aneurism would not appear to offer promise of much success.

A CASE OF ABDOMINAL ANEURISM TREATED BY DISTAL PRESSURE, WITH REMARKS.

BY THOMAS BRYANT, F.R.C.S.,
SURGEON TO GUY'S HOSPITAL.

The patient was one of Dr. Pavy's, who asked Mr. Bryant to see the case with a view to treatment. It was a man aged thirty, with an abdominal aneurism in the epigastric region the size of a fist. Distal pressure was determined upon, as no other treatment was applicable. It was applied by means of a Lister's abdominal tourniquet, with the patient under chloroform. It was kept up for twelve hours, then removed for twelve hours, and reapplied for four hours; the treatment being given up as the man's powers seemed failing. He died eleven hours after the removal of the clamp. After death peritonitis was found to have been the cause of death from the bruising of the bowel and peritoneum by the clamp. An aneurism of the coeliac axis was present, which was filled with a perfect clot, evidently of recent date but ante mortem.

The post-mortem was made by Dr. Moxon, whose report was read.

In his remarks, Mr. Bryant pointed out how the danger of peritonitis seemed to be one that appertained to the application of pressure by an abdominal tourniquet under all circumstances, and was to be accepted as a danger which should always be considered. He dwelt upon the pathological fact, which the preparation and drawing from it taken from the patient illustrated, that a large abdominal aneurism may undergo mechanical closure by a clot from the application of distal pressure for twelve or sixteen hours. The case suggested the value of other forms of practice upon the distal side of an aneurism which are based upon the same principle, such as the temporary occlusion of an artery by ligature, acupressure-pins, or other means; for if, he remarked, pressure for a few hours upon the afferent or efferent artery of an aneurism—sufficient to arrest the flow of blood through its channel—is enough to bring about the mechanical closure of a sacculated aneurism by means of a clot, and consequently its cure, surely the application of other means which are calculated to fulfil the same purpose may be employed to effect the same end. He then alluded to Hunter's, Astley Cooper's, and Travers's temporary ligatures, and to Lister's carbolised catgut ligatures, which he regarded as temporary ligatures. He went on to show how contused arteries often became occluded ones, and that this was probably from some detachment of the inner coats. He suggested the adoption of some instrumental means by which these results were to be secured—by which the inner and middle coats of an artery might be divided and allowed to recurve without destruction of the external. He then alluded to the artery constrictor of Dr. F. Spiers, of New York, and showed the instrument, stating that his own experiment had gone to prove the truth of Dr. Spiers's state-

ment. He believed that we had in this instrument an element of usefulness that wanted working out. He concluded by showing how successful the distal treatment of aneurism had been under certain circumstances, and expressed a belief that it was a form of practice well worthy of renewed attention in cases where all other forms of practice were inapplicable.

Mr. J. ASTLEY BLOXAM, F.R.C.S., surgical registrar at St. Bartholomew's Hospital, also brought forward a case of Aneurism of the Abdominal Aorta at its bifurcation, and involving the left common iliac, treated by pressure of the abdominal aorta, and which was followed by embolism and death. The case was under the care of Sir James Paget, Bart., at St. Bartholomew's Hospital in the year 1870. The patient, aged twenty-nine, was admitted on February 23rd. He had suffered with pain in the back and loins for eighteen months, and occasionally he had numbness in the lower extremities after running. When admitted the tumour presented the following appearance: it was irregularly oval, with its long diameter directed towards the left common iliac, equally firm all over, and pulsating very forcibly in all directions. Pressure was applied, with the aid of chloroform, two inches above the umbilicus, no less than four times within a period of twenty-four days, on the following dates: March 4th for two hours and twenty minutes; 8th, for one hour and thirty minutes; 14th, for four hours; 21st, for six hours. In each period it was especially remarked by Sir James Paget and all present how immediately the circulation was affected by the pressure. At the last operation the pulse became almost indistinguishable at the wrist, and remained so for hours, and on all occasions the arterial circulation seemed to have contracted to its greatest extent, and at the same time became exceedingly rapid, and at times intermittent. After the 21st, the last date on which the pressure was applied, he had frequent attacks of vomiting, and retched up a little blood, and appeared in a moribund condition up to the 25th, when he rallied a little. At this period he complained much of pain over the seat of pressure, became rapidly emaciated, and died on March 29th, eight days after the last application of the pressure. At the post-mortem, local peritonitis had taken place about the pancreas and spleen, and an abscess had formed in the gastro-splenic omentum. The superior mesenteric artery was found for more than an inch flattened out, of a dark purple colour, its coats infiltrated, and on opening it, on the internal coat were clots of blood, firmly adherent; but a channel existed through the artery. The arteries to the spleen and pancreas were branches of it, and it appeared to Mr. Bloxam that the breaking up of their structure into abscesses might be the result of emboli, as several were detected along the main trunk of the superior mesenteric. The aneurism itself had eroded the bodies of the lumbar vertebræ, and was full of laminated clots. Mr. Bloxam simply drew attention to the peculiar condition of the circulation when pressure was applied over or near the semi-lunar ganglia.

Dr. DOBELL exhibited two instruments, having for their object to reduce the intra-vesicular pressure in the chest, and that resulting from it on the surface of the diaphragm, and to effect a more complete change in the reserve air of the lungs, and thus indirectly of the residual air, in cases of emphysema, chronic bronchitis, carbonic-acid poisoning, and the like. The first instrument was invented by Dr. Berkart, and consists of a set of inspiratory and expiratory valves communicating between an orinasal mask and an air-pump. Dr. Dobell's instrument is of simpler construction than an ordinary respirator, and, though not so large, somewhat resembles it in shape. It is made by Maw, and is called a "Residual Air-pump." That of Dr. Berkart is manufactured by Hawksley, and is called an "Expirator."

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 12TH, 1872.

SIR W. W. GULL, BART., F.R.S., PRESIDENT, IN THE CHAIR.

A PAPER by Dr. COCKLE and Mr. CHRISTOPHER HEATH was read, on "A Case of Aneurism of the Arch of the Aorta, treated by Ligature of the Left Common Carotid Artery." The patient (who was brought before the Society) was a man aged forty-eight, a farm-labourer from Cambridgeshire, who came under Dr. Cockle's care in January, 1872. He had experienced pain in the right side of the head, neck, shoulder, and chest, for four or five years, attributed to rheumatism. In April, 1871, he noticed a pulsating swelling in the hollow of his neck, and was in Addenbrooke's Hospital for two months without relief. After Christmas, 1871, he was compelled to give up work, from the increasing pain in the shoulder and neck. He presented marked symptoms of aneurism of the ascending and transverse portions of the arch of the aorta. There was displacement of the right sterno-clavicular articulation, with projection of the right and upper portion of the sternum; and the episternal notch was filled by a pulsating swelling. There was a strongly heaving and expansile impulse over the whole of the swelling, and marked dulness on percussion existed over the whole area of the tumour. No bruit could be heard, but a double concussion-shock was felt. The respiratory murmur was feeble or absent over the upper portion of the right lung. The heart sounds were dull and muffled, but without appreciable murmur. There was no cough or difficulty of deglutition. The left radial pulse was decidedly feebler than the right; and the left pupil was much dilated, and the left eye congested. On exertion, he complained of shortness of breath, palpitation, and pain. Mr. Heath tied the left carotid artery above the omo-hyoid on February 26th, 1872. Carbolised catgut was used for the ligature, and the wound was covered with cotton-wool. No constitutional disturbance followed. Within forty-eight hours, the patient could lie and sleep on his right side, which he had been unable to do before. The left pupil became natural, and the congestion of the eye disappeared. On the eighth day, when the dressings were removed for the first time, the wound was found completely healed by first intention. Since the operation, the condition of the patient had in every way improved, the chest having become flatter, and the heaving impulse greatly diminished. The patient was free from all pain or inconvenience. He was brought before the Society before returning to the country, and the authors proposed to report upon his condition at a later period.

Dr. ANSTIE remarked that the two pairs of sphygmographic tracings (right and left radial) which were taken by him respectively before and after the operation showed interesting results. In the pre-operation traces that of the left was very much feebler and smaller than that of the right radial. After the operation this difference was greatly reduced; a large diversion of the blood-current into the left limb had evidently taken place.

Mr. BARWELL asked for a more precise history of the case, and

Mr. HEATH said that it would be remembered that in 1865 he had tied the right carotid and subclavian arteries in a woman with aortic aneurism, who was undoubtedly benefited by the operation, and lived four years after. Since that time Dr. Cockle and he had been anxious to try the effect of tying the left carotid in a case of aortic aneurism, on the ground that in two recorded cases of ligature of that vessel for supposed carotid aneurism the post-mortem examination some months after revealed an aortic aneurism filled with laminated fibrine and cured. The object in the present case had been to tie the branch next beyond the disease, and so far the result had been favourable. Mr. Heath demurred to the suggestion that rest alone might have produced the good effect, on the ground that so short a time had elapsed since the operation, and that the patient had by no means been kept strictly at rest.

The CHAIRMAN thought that the proper plan would be to appoint a committee of observation, and suggested Dr. Anstie and Mr. Barwell, who at once retired and examined the patient. It was also agreed that Dr. Humphry should be communicated with, in order that the patient might be kept under continuous observation.

Mr. GANT read a paper "On Spontaneous Gangrene of both Feet in a Boy." The patient was a messenger-boy, aged sixteen, who, when he was about seven years old, had a decidedly bluish aspect, was always breathless, and complained of feeling cold even in warm weather. The boy himself stated that he had suffered from shortness of breath, with occasional dyspnœa, ever since he could remember. Otherwise, the boy's general health had remained unaffected. Latterly, he had been much exposed to cold during very

severe weather. After a day's exposure, during the night, when in bed, his feet "burned very much"; and the next morning, the great toe and two adjacent toes of both feet were nearly black, and quite insensible. In this state he walked to the Royal Free Hospital. After admission, gangrene progressed until it reached the dorsum of both feet, presenting to some extent the appearance of senile gangrene. But the livid blueness and œdema of both legs, up to the knees, contrasted with the pale, shrunken condition of the legs as observed in senile gangrene; and the gangrene itself, at this early stage, was more succulent or moist than dry. Pulsation was quite free in both the tibial arteries of the feet. A physical examination of the chest was made by Dr. Cockle. The heart's action was feeble, but regular, and unaccompanied by any appreciable murmur. Pulsation could be readily seen in both carotids, and a diffused forcible pulsation in the external jugular veins. Pulse at the wrist 27 per minute, small, feeble, irregular. The only pulmonary signs were emphysema, and slight bronchitis at the bases of both lungs. Respiration was oppressed, 16 per minute. The temperature in the axilla was, morning 103·8°, evening 101·6°. The urine was scanty and high-coloured, with a copious deposit of greyish-brown lithates and of albumen. The patient was lethargic, dull of understanding, and spoke with a stridulous voice and broken articulation. Occasionally, when the heart's action became very feeble and dyspnœa very urgent, fits of unconsciousness occurred, accompanied on one such occasion with epileptic convulsive movements of the upper limbs and face, this state lasting two hours. A line of demarcation having formed on the dorsum of the feet, Mr. Gant performed double amputation by modifications of Chopart's and Hey's operations. Both stumps united soundly in a week. But the cardiac and pulmonary conditions recurred at intervals with increasing severity; and in a fortnight the patient sank into a state of coma, and died quietly. The post-mortem examination showed that the heart, in its right half, was the seat of disease, the origin of which would seem to have been at a very early period of life. The right auriculo-ventricular opening was enlarged sufficiently to admit two or even three fingers, but the three segments of the valve were healthy; the auricular cavity was dilated and distended with blood to more than twice its natural size; the wall of the auricle, not thickened in any part of its extent, was, between the musculi pectinati, reduced to a membranous state; the foramen ovale was entirely closed; the right ventricular cavity was also somewhat enlarged, and equally distended with blood, but the wall was not hypertrophied. The pulmonary valves were quite healthy. On the left side of the heart no morbid condition was discovered, either as regards the cavities or the valves. Recent pericarditis had occurred. Both lungs were emphysematous, but the texture generally was much congested, and the bronchial tubes were engorged throughout with frothy mucus. Recent pleurisy had taken place on both sides of the chest. The abdominal viscera generally were much congested, and the liver and kidneys considerably enlarged by interstitial deposit, passing into fatty degeneration. The brain exhibited marked venous congestion. Mr. Gant was disposed to draw the following two conclusions:—1. That the gangrene of both feet, depending evidently on systemic venous congestion, was caused by the enlarged state of the right auriculo-ventricular opening; and the accompanying dilatation of the auricle and ventricle, being thus essentially cardiac, although the immediate and exciting cause might have been exposure to cold. 2. That the immediate cause of death was pericarditis, pleurisy, and, more particularly, capillary bronchitis.

After an interval of profound silence, the Chairman remarked on the exhaustive nature of the paper.

Dr. BROADBENT took exception to the cause of the mischief as set forth by Mr. Gant, hinted that the mode of death indicated renal disease, and that death was probably due to the latter, the cardial affection being secondary.

The CHAIRMAN observed that no record appeared as to the specific gravity of the urine.

Dr. THOMAS JONES asked if ascites existed.

Dr. CHOLMELEY asked if the vessels of the extremities were closely examined.

Dr. BROADBENT read a paper "On Tumour of the Pons Varolii and Medulla." The patient was a man aged forty-six, with a syphilitic history and aspect, who, while cutting grass in the sun, was suddenly seized with giddiness, and suffered afterwards from pain in the head, vertigo, double vision, and facial distortion. He entered the hospital six weeks after the attack, and was then found to have slight weakness of the right limbs; marked paralysis of the left side of the face, of the kind seen in hemiplegia, and not involving the orbicularis oculi, as in Bell's paralysis; lateral deviation of both eyes to the right, with double loss of vision; sensation over the area of the right trigeminus; difficulty of deglutition, and indistinct articulation, the voice also having a nasal twang, due to partial paralysis of the soft palate. The ophthalmoscopic signs were negative. There was no albuminuria, and no heart disease. The diagnosis given was a tumour in the pons and medulla. He remained under treatment for about three weeks, taking iodide of potassium in doses gradually increased to sixteen grains three times a day. The headache, from which he continued to suffer on admission, was greatly relieved, and he walked much better. At the end of this time he insisted on leaving the hospital, and a week later he was found one morning dead in his chair, having got out of bed in the night to smoke. The only morbid appearances discovered were two small tumours just beneath the floor of the fourth ventricle, near the median line—one in the lower half of the pons, the other near the lower end of the ventricle. The tumour in the medulla undoubtedly gave rise to the dysphagia, and was the cause of the sudden death, as it was in close relation with the nuclei of the glosso-pharyngeal and pneumogastric nerves. The question of greatest interest was, whether the tumour in the pons could have given rise to the paralysis in the left side of the face and the lateral deviation of the eyes to the right, as well as to the anæsthesia of the right side of the face and head. Had the paralysis simply been of the sixth and seventh nerves, from lesion involving their common nucleus, there would have been no difficulty; but both the facial and ocular paralysis were such as is met with in hemiplegia, and, if caused by the tumour in the pons, could only be due to interruption of the fibres which connect the nucleus of the sixth and seventh nerves with the corpus striatum of the opposite side immediately after their decussation. No lesion was discovered, by most careful search, either in the crus or corpus striatum; and the author was inclined to believe that the explanation given above was the true one, and the more so because the lateral deviation of the eyes, usually a fugitive phenomenon, was here persistent.

Dr. BUZZARD referred to the experiments of Adamick, which showed that irritation of the corpora quadrigemina, and especially of the *nates*, would cause lateral deviation of the eyes, a symptom which, considering also its occasional appearance in the convulsions of unilateral epilepsy, he thought more likely to be spasmodic than paralytic in character. He asked whether the corpora quadrigemina had been examined.

Mr. BRUDENELL CARTER asked whether the ophthalmoscopic examination had been made by the erect or the inverted image. He was convinced that Dr. Allbutt was right in saying that the fine changes visible by the former method might altogether elude observation if the latter only were employed.

Dr. BROADBENT, in reply, stated that he had not used the direct method, but had made careful and repeated examinations under the old system, and did not think that anything of importance could have been missed.

THE Seamen's Hospital Society held a quarterly court at the offices of the Local Marine Board in the East India Avenue, on the 12th inst., which was very fully attended. It appears from the statement of the secretary that during the past quarter the receipts had fallen short of the expenditure by £1343.

DONATIONS ETC. TO MEDICAL CHARITIES. — Mr. James Monteith, of Duke-street, St. James's, bequeathed £5000 to be distributed among the hospitals of London, in such proportions as his executors may think proper. Mr. Sydney Hooper, of St. David's, Exeter, bequeathed £1000 to the Devon and Exeter Hospital. Mr. John Allenby, of Louth, bequeathed £700 to the Louth Dispensary; and £200 each to the Cancer Hospital, the Charing-cross Hospital, and the Rupture Society.

Reviews and Notices of Books.

On the Temperature in Diseases: a Manual of Medical Thermometry. By Dr. C. A. WUNDERLICH. Translated from the Second German Edition, by W. BATHURST WOODMAN, M.D., Assistant-Physician to the London Hospital, and Physician to the North-Eastern Hospital for Children. New Sydenham Society. London, 1871.

WE ought long since to have noticed this welcome and valuable publication of the New Sydenham Society. Wunderlich's great work on Thermometry is one of those books which if a medical man has not studied he is seriously deficient in professional knowledge; its appearance in an English dress, therefore, was a matter of much importance. Dr. Bathurst Woodman has done his work very carefully and well; the general style of the translation being sufficiently smooth and accurate, and the actual German words being, in any doubtful case, inserted in brackets. Those who compare the German second edition with Dr. Woodman's book will see that the latter is quite reliable in all respects, even if occasionally his version is a little quaint and stiff.

It is, indeed, quite time that such a treatise as Wunderlich's was made familiar to the English profession; for there is much danger without it that an altogether mistaken view of the function and value of clinical thermometry may become popularised among us. We often see practitioners brandishing the thermometer with such an air, and applying it to such strange purposes, as remind us forcibly of a story of the stethoscope in its early days. A clinical clerk of Dr. Alison's, who had imbibed from that great teacher a zeal for stethoscopic research, was one day accosted, in the wards of the infirmary, by a country practitioner who had followed silently and wonderingly at the tail of Alison's class in its round. The countryman begged the clever young student to teach him the use of the new instrument. The enthusiastic youth was delighted to have an opportunity of airing his newly-acquired knowledge, and forthwith commenced an elaborate disquisition on the meaning of the various morbid respiratory sounds. But his pupil soon cut him short. "Eh, lad," said he, "I canna be fashed wi' a' that. Just tell me how to put the bit thing to the patient's bodie, and the deil's in 't if I dinna bang Sandy Davison out of the pairish; he kens naught of such like gear." Of course we do not insinuate that the motives of our thermometrising friends are ever so low as *that*; on the contrary, it is well known that, in the present day, rival doctors always love each other like brothers, and scorn to take a mean advantage. Only it does appear, to judge by what one sees, that a good many of them think it quite enough to know how to "put the bit thing to the patient's bodie!"

It is well to recall the kind of services that Wunderlich has really rendered to clinical thermometry, for he is not, and never pretended to be, the discoverer of its importance and utility. The precise and systematic use of the thermometer in disease was completely established as a necessity by Bärensprung and Traube in 1850–51, whose immediate example it was that stimulated Wunderlich to commence his observations. The great merit of these has been that they have been directed, in the first place, towards obtaining a true portrait of the course of temperature in various diseases, and that it was not until this had been secured by a mass of observations more than a hundred thousand in number that Wunderlich allowed himself to draw any practical inferences in the shape of general rules for the guidance of the physician. Even then there was a considerable delay, during which various tests of their correctness were applied, before these results were actually given to the world. The chief value, perhaps, that we can now discern in Wunderlich's work is the important nature of his classification of diseases into "typical" and "non-typical" as regards their temperature curves, and his subtle discernment of the various intermediate phases (partial typicality) which come between the extreme forms. It is a curious but significant fact that in this country, so far as we have observed, not only have the diagnostic results of his researches attracted an altogether disproportionate attention in comparison with many other facts (especially those referring to prognosis) on which he dwelt, but that very kind of diagnostic inference from temperature which he was specially careful to guard with qualifications and explanations has been insisted upon by many superficial writers as if it were absolute and unconditional—e. g., the temperature distinctions which separate typhoid fever from typhus on the one hand, and from acute parenchymatous inflammations on the other. Even under diagnosis there is matter for more attention than is usually given in the way in which the inflammations of serous membranes separate themselves, by their thorough non-typicality, from the majority of other acute diseases. Then, under the head of prognosis, Wunderlich is full of information and suggestion, not merely about the broader facts—such as the absolutely fatal indications of certain extremes of high and low temperature,—but of the significance of momentary variations. And to those who have only practised thermometry, so far, in the rough and limited way which has contented most practitioners who have applied it in ordinary family practice, there is most valuable information, and an even more valuable example of scientific patience and conclusiveness of work in the indications which he points out as to completeness of recovery after an illness, and as to the lessons taught by the effects of individual remedies upon the temperature.

In short, without pledging ourselves to Wunderlich as infallible, we may say, emphatically, that his is a masterwork, in which every part of his subject is considered with that thoroughness which comes of ripe knowledge and reflection. Let us add that Dr. Bathurst Woodman, following one or two laudable examples that have been set by other translators for the Sydenham Society, has enriched the work with notes of his own observations and those of other English writers which are of no small value, and unquestionably do much to make the volume complete and full. We the less regret that we cannot afford any further space for detailed examination of this important book, because many of the subjects it deals with will necessarily be repeatedly referred to in our papers on abnormal temperatures and the means that are used to reduce them. (Vide "Therapeutic Traditions.")

OUR LIBRARY TABLE.

The Treatment of Chronic Skin Diseases. Being Three Lectures delivered at St. Vincent's Hospital by E. D. MAPOTHER, M.D., Professor, Royal College of Surgeons. 16 mo. pp. 109. 1872. London: Baillière, Tindall, and Cox.—Dr. Mapother's three short lectures give a sketchy description of the parasitic diseases—the "moist eruptions," as he terms them, including eczema, impetigo, pemphigus; and dry eruptions, and those of systemic origin, including syphilo-dermata and psoriasis; and he deals with these from the therapeutical point of view. What he says is to the point in reference to the general management of the diseases referred to. The last forty pages or so are devoted to the description of the Lisdoonvarna Spa, the waters of which, Dr. Mapother thinks, on account of their sulphureous and especially their ferruginous qualities, are valuable curative agents. The surroundings of the district are declared to be eminently calculated to restore shattered health.

Experiences of an Army Surgeon in India. By C. A. GORDON, M.D., C.B., Deputy Inspector-General of Hospitals. Crown 8vo, pp. 168. London: Baillière, Tindall, and Cox. 1872.—Dr. Gordon's views on all matters relating to Indian diseases and Indian hygiene are entitled to the utmost respect. His experience has been large and varied, and he gives us much of it in the volume before us, which treats of wounds and injuries, dysentery, hepatitis, jaundice, fevers, heat apoplexy, paralytic affections, neuralgia, hydrophobia, and cholera. The work is eminently practical in its character, clinical details being abundantly scattered up and down its pages.

The Madras Monthly Journal of Medical Science. March, 1872. Madras: Adelphi Press. London: Hardwicke.—The present number contains several interesting articles, such as "A Case of Traumatic Tetanus," "Chloride of Ammonium in Hepatic Disease," an account of "Dengue," and "A Case of Hydrophobia," in which the Calabar bean was given without any beneficial effect. In this last case the autopsy showed that the membranes of the brain were congested, with serum in the ventricles, the medulla oblongata slightly congested, while the lungs were adherent and congested, and the right ventricle of the heart contained a quantity of black blood. Dr. Shortt is still enthusiastically engaged in his praiseworthy experiments in snake-poisoning; the present *Journal* carrying us to his 130th experiment with cobras. As yet he has not discovered an antidote.

The Quarterly Journal of Microscopical Science. Edited by JOSEPH F. PAYNE, M.B. Oxon., and E. R. LANKESTER. April, 1872. London: J. and A. Churchill. This number contains the following original memoirs:—"The Development of the Enamel in the Teeth of Mammals," by George Rolleston; "Note on Immersion Object-Glasses," by Royston Piggott; "On Pathological Changes in the Red Blood-Corpuscle," by Braxton Hicks; "On the Artificial Production of some of the principal Organic Calcareous Formations," by Professor Harling; "On the Peripheral Distribution of Non-medullated Nerve-Fibres," by Dr. E. Klein; "On the Structure of Tendon," by Mitchell Bruce; "The Embryology of Chrysopa, and its bearings on the Classification of the Neuroptera," by A. S. Packard; "On the Anatomy of Serous Membranes," by E. Klein and Burdon Sanderson; besides the "Notes of the Quarter," which are excellently done; "Analysis," &c.

Annuario delle Scienze Mediche, riassunto delle pin importanti Pubblicazione dell' anno. Per i Dottori P. SCHIVARDI e G. PINI. Anno II. 1871. Tip Edit. Milano: Francesco Vallardi. 1872.—This is, as its name implies, a collection and epitome of the more important contributions to medical science during the year, somewhat after the fashion of our own Braithwaite or Ranking. As might be expected, Italian publications occupy a prominent, but by no means a solitary position, for the editors have extracted tributes from the periodical medical literature of Europe generally. One of the advantages of the work is, that it is very handy. It is in a paper cover and of the size of the well-known volume of Tauchnitz, and therefore portable and easily read in a carriage or during a railway journey.

The Sewage Question: A Series of Reports, being investigations into the condition of the principal Sewage Farms and Sewage Works of the Kingdom, from Dr. Letheby's Notes and Chemical Analyses. Crown 8vo. London: Baillière, Tindall, and Cox. 1872.—This contains a summary of the relative values of the various methods in vogue and use for disposing of sewage—for example, by irrigation, filtration, subsidence and filtration, chemical processes, earth and ash disinfection, and the like. Just now a book like this is most valuable for reference, and we can speak on the whole favourably of the one before us.

Foreign Gleanings.

DIAGNOSIS OF MYOMA.

M. GAYET, of Lyons, has lately operated, with a fatal issue, upon a woman who suffered from such a tumour. Two years ago he had performed the extraction of a growth of this kind, also with an unfavourable termination, and had made up his mind not to touch them any more. The difficulty is to distinguish these tumours from ovarian dropsy.

In the second, or recent, case, the tumour was very large, and the symptoms of compression very evident. On tapping, several quarts of a yellowish-transparent fluid escaped. One of the minor cysts, however, had yielded a sanguineous serum. In a week the tumour was completely refilled. By a careful examination of the abdomen, a solid mass could be made out inferiorly, and to the left, sinking into the true pelvis. Under these circumstances, it was thought that the growth consisted of an ovarian cyst.

Very little information could be obtained from the patient, and when the operation was decided upon the tumour was rising as high as the ensiform cartilage. It was fixed in the cavity of the pelvis, and presented the usual characters of an ovarian tumour.

M. Gayet thinks that it is very difficult to ascertain whether there are adhesions or not; in this case it appeared as if none existed. When the patient stood erect the tumour sank behind the abdominal parietes without dragging the umbilicus. By a digital examination nothing particular was made out; the vagina was free, no uterine displacement was observed, and the cervix was movable. No examination was made per rectum.

At the very outset of the operation M. Gayet noticed the rose tint of the tumour, instead of the usual pearly white. From two to two and a half quarts were evacuated by tapping, and blood issued by puncturing another cyst. Several cavities were successively tapped, but the tumour diminished very little in size, and it was found very difficult to make it issue through the wound. An adhesion with a portion of small intestine was now observed. At last the tumour was extracted, and on its anterior aspect were seen the uterus, the Fallopian tubes, and the ovaries. The latter were healthy, and it was now clear that the tumour had arisen from the posterior aspect of the uterus. There was, however, an evident necessity of completing the operation. In the case operated upon two years before M. Gayet had divided the pedicle with the écraseur. This time he tried to enucleate it; made an incision into the peritoneum, and thus came upon the pedicle. The detachment of the latter did not prove very tedious.

The tumour was carefully and microscopically examined, and was found to belong to the class called by Virchow "cystic myoma." They generally are multilocular, presenting anfractuosities, some filled with a transparent and others with a hæmatic liquid. M. Gayet observed that it is impossible to diagnose these tumours from ovarian cysts. All the cases hitherto recorded had not been recognised (Spencer Wells, Kiwisch, &c.) though it is plain that they can be enucleated. The hæmorrhage in the present case was not considerable, but the patient died twelve hours after the operation.

ANATOMICAL CHANGES IN THE SPINAL MARROW AFTER AMPUTATION OF A LIMB OR SECTION OF ITS NERVES.

M. Vulpian says, in a paper addressed to the Academy of Sciences of Paris: "After the amputation of a limb the dimensions of the moiety of the cord supplying the limb are considerably lessened in all directions. The posterior cornu and corresponding fasciculus suffer most, as shown by Dr. Dickinson, and are, in fact, the seat of simple atrophy; but there is no interstitial myelitis nor fatty degeneration. This happens at all ages, but more rapidly with the young." By experiments upon animals M. Vulpian convinced himself (by simply dividing nerves without amputating) that such division is the real cause of the medullary atrophy above described.

THE LANCET.

LONDON: SATURDAY, APRIL 20, 1872.

AMONGST the various causes that have tended to the production of the scandals at the Orthopædic Hospital, perhaps no single one has been more conspicuous than the bickerings which have prevailed amongst the staff. The attention of the profession has lately been called to another and far more important institution, in which somewhat similar differences have prevailed, and it is even said that there are only a few hospitals in London in which entire unanimity and good feeling among colleagues can be said to exist. Now we are strongly of opinion that such good feeling is essential to the proper carrying on of the work either of a hospital or of a medical school, and we feel sure that quarrels between colleagues cannot occur without a very sensible lowering of the whole tone and efficiency of any institution which affords an arena for them. In the first place they are quite sure to be subversive of discipline, because they almost necessarily tend to range the students, the nurses, and the paid officers and servants as open or concealed partisans of one side or of the other. In the next place, they render the welfare of the institution, in the minds of the principals in the dispute, a consideration altogether subordinate to the gratification of vindictive feeling or to the attainment of personal ends; and they thus tend to develop a vicious selfishness, of a kind which is fatal to all prospect of good and honest work. It becomes an object in life to impugn the practice or to deny the successes of a rival, rather than to promote the diffusion of truth or the advancement of science. Such evils, like other ill weeds, grow apace when once planted in congenial soil; and we can even now look back upon quarrels between colleagues who are long since dead, but who survive in the mischief done to students by their example. The question is of sufficient importance to call for the attention of hospital governors and committees; and such quarrels as those to which we refer should, we think, be put down with a strong hand. The medical staff of a hospital is placed in the front ranks of the army of our profession against suffering and disease, and for any of its members to obstruct the common work of all by their personal disputes and differences is utterly indefensible. It is as though officers in the same army should engage in duels in the presence of the enemy, and is, in our judgment, almost dishonourable. Upon this view the members of a staff are bound to exercise mutual forbearance with regard to each other; and are bound also to recognise the existence of a tie between them all, and of a common interest that should be superior to the most impulsive manifestations of the *ego*. Quarrelling with anybody whomsoever is an indication of weakness, if of nothing worse; and if any member of a staff can be fairly described as "quarrelsome," the sooner he is removed from his position the greater will be his prospect of not disgracing it. In the best interests of hospitals we would strongly urge upon all committees that, in case of any open breach between two members of a staff, they should intimate to them that, unless a speedy reconciliation was effected, an inquiry into the grounds of dispute should be instituted, and one or both be called upon to resign. It is high time that a few signal examples were made after this fashion; and the result of making them would be that the members of a staff would settle their differences among themselves, and neither allow them to remain in a state of chronic smoulder nor to break out into open flame. MACAULAY quotes an Eastern proverb which says: "When the rich carpet is soiled, the fool pointeth to the stain; but the wise man covereth it with his mantle." In every hospital staff there are wise men; and they can do no better work than in restraining the angry passions of those who are less wise than themselves. Anger, as a rule, means simply lacerated vanity; and if it were once settled by the common consent of the seniors at a hospital that all quarrels between colleagues were disgraceful, the vanity would soon be enlisted on the side of avoiding them. At present every very small man is on the look out to have his toes trodden upon, and thinks that he airs his dignity by a display of resentment for grievances that are often purely imaginary. Is it quite beyond hope that we may some day conceal the stains of our differences from the public eye entirely?—that we may have some kind of council of arbitration amongst ourselves—a council to which knotty points of professional relation might be referred, and the decisions of which should be enforced by general opinion, and acted upon as precedents in all cases in which the same principle was involved. We ourselves have much experience of the sources of misunderstanding that rise up between medical men, and we are frequently called upon to express opinions concerning them. It is astonishing how simple they are for the most part, how frequently they spring out of a misunderstanding that one word in season would have set to rights, how constantly they owe their bitterness to an indulgence in stilted and offensive letter-writing. A late noble lord, who was for many years colonel of a regiment of yeomanry cavalry, was once greatly scandalised by seeing two of the privates appear on parade with black eyes. He publicly warned them that any repetition of the offence would be followed by discharge; "for," said his lordship, "I am determined to have no fighting men in my regiment." If the chairman of committee of every hospital would unite with the senior surgeon and the senior physician to enunciate and enforce a similar law, the working of many institutions would be greatly smoothed, and the dignity of our calling would be immeasurably enhanced.

IT is a pity that the lad O'CONNOR was not so far saved from his friends as, having pleaded "Guilty," to be permitted to go quietly to Newgate under the sentence of Baron CLEASBY. Unfortunately it occurred to some of his well-wishers that when he attempted to shoot the QUEEN he was insane, and that the plea of insanity should be urged in his behalf. On the day, therefore, on which he was to receive judgment a preliminary issue was raised as to his

capacity to plead to the indictment, a jury was empanneled, and medical evidence was taken in his defence. The proceedings lasted nearly all day, till the jury interposed and announced to the judge that they were quite convinced of O'CONNOR'S sanity throughout. Baron CLEASBY said he was entirely of the same opinion, and sentenced him to one year's imprisonment with hard labour and twenty strokes with a birchen rod.

The verdict was quite in accordance with the view of the case we took last week; and we repeat our regret that any issue on the plea of insanity was raised. There were doubtless features in the lad's case and incidents in his domestic history that might have been urged in proof of his weakness of mind. It was fairly made out that madness was hereditary in his family; that he himself was of a highly cachectic habit; that his head was small and irregularly shaped; and that he was prone to exaltation of ideas and emotional excitement. He had sustained, moreover, a severe blow on the head, and had once undergone an operation for osseous disease. All this, we say, might have been urged in extenuation of his offence, and, though not amounting to proof of insanity, might have served to mitigate a severe sentence—that, for instance, of the last penalty of the law. But his friends ought to have known that there was not the slightest disposition on the part of anyone to treat him with severity; that, on the contrary, more had been made of him and the case than both were worth; and that the best course to adopt was to let the law have its way, and the lad be dealt with as the jury and the judge thought fit. One or two, or even three years' committal to Newgate would be a much milder sentence than life-long incarceration at Broadmoor as a criminal lunatic.

Dr. TUKE, we suspect, must be convinced by this time that he acted indiscreetly in volunteering evidence that O'CONNOR was insane. No doubt, as we have already admitted, proofs of the lad's mental weakness were not lacking, and these in the hands of any expert might have been adduced in abatement of a severe sentence. But though strong enough to convince the medico-psychologist that insanity might be latent, they were not sufficiently so as to be available before an ordinary jury; and so Dr. TUKE, in the sarcastic cross-examination to which he was subjected by the Attorney-General, paid the penalty so often incurred by the expert who deals in language and in ideas caviare to the million. He called the case one of "reasoning insanity"—a phrase perfectly familiar to the *ξυνιέναι ἀφωνητί* of the Medico-Psychological Society. He adduced the term *folie raisonnée*—a term in universal recognition among continental experts. He made some attempts to connect O'CONNOR'S case with the latter symptom. But all in vain. Neither judge, jury, nor counsel could see the necessity for drawing distinctions so shadowy in a case which uninstructed common sense considered (and quite justly considered) it had a perfect right to deal with; and Dr. TUKE retired from Court with much less *éclat* than we remember to have accompanied any physician contending for the plea of insanity.

The lay press is, of course, jubilant over this latest snubbing of "mad doctors"; and we are once more treated to a great deal of minor comedy at their expense. For the thousandth time we are told that the plea of insanity in criminal law is a most dangerous one; and that if the doctors had their way the security of society would be destroyed. We have no intention at the present time to enter into argument with our lay brethren; we should probably incur the ridicule which has befallen Dr. TUKE. We would wish, however, to impress this upon them—candid and competent as they are,—that there is a pathology of the mind as well as of the body; that a diseased condition of the brain, or even a permanent lowering of the nervous vitality, will infallibly issue in derangement, intellectual or moral; and that the pathology of impulse has already yielded to its investigators results which not only encourage them to prosecute the study, but entitle them to bring forward their conclusions as legitimate evidence in nearly every criminal trial. The truth is that while Medicine is progressive, the Bar, like the Church, is stationary; and the jealousy long shown by theologians to geology is now being displayed by lawyers to medicine. Even now it is admitted that the legal definition of insanity has broken down. Ability to discriminate between right and wrong will no longer be accepted as dividing the sane from the insane. Let our forensic friends educate themselves a little more, and they will find that every moral and intellectual process has its physiological substratum, the pathology of which is to a great extent made out, and quite as worthy of being weighed in a criminal court as in the wards of an asylum.

Two modes of origin are usually ascribed to pus-globules. It is believed that they may arise from the proliferation of certain cells—as from those lining serous or covering mucous cavities and surfaces, and those distributed through connective tissue,—or that they are only modified white corpuscles of the blood which have escaped from the vessels, and especially from the capillaries and smaller veins. A paper by Dr. DUVAL, strongly opposing the latter or COHNHEIM'S view of their origin, appears in M. BROWN-SÉQUARD'S *Archives de Physiologie*. The fact of the origin of pus-globules from epithelium is easily shown in cases of inflamed bronchial or vesical mucous membrane, and perhaps still more readily in those of inflamed or purulent conjunctiva; for in each of these cases not only is the quantity of pus-globules thrown off wholly incompatible with the idea of their being exclusively derived from the white corpuscles of the blood, but the several stages of metamorphosis between a rudimentary epithelial cell and a mature pus-corpuscle may be easily traced in carefully prepared specimens. Their origin from, or rather their identity with, the white corpuscles of the blood, in some instances, was attempted to be proved by COHNHEIM by exciting inflammation in the cornea and in the mesentery, and his results have received the very general sanction of histologists and pathologists. In his experiments on the cornea COHNHEIM believed he had demonstrated satisfactorily that when inflammation was excited in that membrane, either by touching it with nitrate of silver or by passing a thread through its centre, it became cloudy or hazy owing to the infiltration

of white corpuscles in a direction from the circumference towards the centre, the corneal corpuscles remaining unaltered. That the new corpuscles which made their appearance were really the white corpuscles of the blood he considered he had proved, since, after the injection of fluids containing aniline and other colouring matters in suspension into the blood, he found the particles in the interior of these new corneal corpuscles, it having been previously demonstrated that they are often taken up by the white corpuscles of the blood. In his experiments on the mesentery, again, he showed that mere exposure to the air is sufficient to excite inflammation; and that phenomena may be continuously watched under the microscope indicating the escape of the white corpuscles from the vessels, since these may be seen to enlarge whilst the blood-current through them diminishes in rapidity, and in the inert zone the white corpuscles accumulate in large numbers. Then, according to COHNHEIM, small projections appear on the vessels, which become pedunculated, and finally set free. These projections are white corpuscles, and under the irritant action of the air become changed into pus-corpuscles.

M. DUVAL states that, with some slight modifications, he has repeated these experiments, and has arrived at quite different results. He finds that, on lightly touching the cornea with a point of nitrate of silver, the inflammation excited does *not* commence at the periphery and proceed towards the centre; but, on the contrary, that it begins at the centre of the injury and radiates outwards in all directions—in a word, is centrifugal, and not centripetal. He was never able to see, in the early stages, free white corpuscles. The corpuscles seen *always* resulted from a process of cellular proliferation; the *point de départ* of the metamorphosis being the plasmatic cellules of the cornea, which, far from remaining stationary, undergo hypertrophy and give origin to new globular products. In the case of the mesentery, which M. DUVAL has examined with very high powers (1600 linear), he contends that in the very act of opening the abdomen of the frog to withdraw the membrane lymphatic sacs are opened, and that from these a constant flow of lymph-corpuscles takes place, which naturally group themselves and form long rows in the depressions at the sides of the vessels, simulating the appearances that would be presented if they had escaped from these vessels. Again, M. DUVAL states that, in winter frogs, HEUMANN has shown that scarcely any white corpuscles remain in the blood, and that vessels may be watched for hours together without one being visible; yet that, if inflammation be established, plenty of corpuscles come into view on the exterior of the vessels; these, he thinks, must be derived from the corpuscles of the tissue themselves. In regard to the unmistakable elongation of the white corpuscles towards the walls of the capillaries at certain points, M. DUVAL also gives quite a different explanation from that of M. COHNHEIM. The corpuscles external to the vascular walls, he believes, hypertrophy and a current of fluid from the blood sets towards them through the capillary wall, which becomes irregular and viscous opposite them; and it is at these points that the viscous white corpuscles within the vessels are arrested, and are drawn out into the drop-like form. These observations show, perhaps, that further corroboration of COHNHEIM'S views is needed, though we are inclined to adopt those of M. VULPIAN appended to M. DUVAL'S paper, to the effect that the theory of suppuration formularised by WALLER and COHNHEIM has too strong evidence in its favour to be set aside without a much larger amount of counter evidence than that furnished by M. DUVAL.

WE are glad to comply with the suggestions of a correspondent, and endeavour to incite action on a subject that has been over and over again canvassed and discussed in the pages of THE LANCET. Long before underground railways existed or were planned, or indeed any regular system of suburban railways was in operation, we insisted most emphatically that the plan of extending the borders of, and increasing the beds in, metropolitan hospitals was bad, and contrary to all proper principles of hygiene. We may be told that Paris, Vienna, and other cities have beaten us in monster institutions. Yet it would appear to be a matter of common sense to keep the institutions that now exist in London within their present limits, to establish convalescent hospitals in the suburbs, and to feed the one from the other. The recent and continual increase of suburban railways has lately removed a very serious difficulty in the adoption of the system in its entirety. Many of our hospitals have either above or under ground lines of railway close to their doors, and the connexions between these lines are now so complete that travellers, sick or sound, may be transported to any district north or south of the Thames without change of carriage. But despite all these manifest advantages, the managers of all our metropolitan hospitals, with one exception, have done nothing; and a princely sum has lately been expended on the banks of the Thames, a moiety of which, according to the terms of our report of the 6th inst., had far better have been laid out on a plain building in a pure atmosphere. For the last fourteen years the medical officers of St. George's Hospital have been enabled to transport their semi-convalescent patients to Wimbledon, and all testify to the very great advantages that the system possesses. It is necessary, however, that unity of purpose and of action should exist in the management of the two establishments; and it is a vital item of success that the physicians and surgeons attached to the parent hospital should exercise by deputy the same definite control after the removal has occurred. The superintendent of a convalescent hospital should have the amount of experience necessary for the judicious treatment of any case, whether medical or surgical; but he must have enough of the junior in his composition and habits to carry out fully and faithfully the directions sent down with the patient from the parent institution. These questions are, however, more matters of administration than of principle. We hope to see the latter fairly acknowledged, and some action taken speedily. The authorities of a very large and very wealthy hospital at the east of London have been talking about a convalescent hospital for some time, and might fitly celebrate the convalescence of their Royal President by founding a second home for their patients somewhere among the green lanes in one of the many beautiful suburbs of northern London.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS.

THE quarterly meeting of the Council of the College of Surgeons was held on Monday last, when the ordinary routine business was transacted. Mr. Erichsen's motion for a return of the passed and rejected candidates from each medical school excited considerable discussion, but, having been seconded by Mr. Hilton, was eventually carried by 13 to 7 votes in the following form:—

"That a report be prepared by the Court of Examiners, and presented to the Council at its meeting in May next, of the number of candidates who have been rejected at the Primary and Pass Examinations respectively for the Membership during each of the three collegiate years from July, 1868, to July, 1871, stating the numbers who have been rejected, and who have passed from each school; and that, till the Council otherwise direct, a similar report be presented to the Council each year at its quarterly meeting in July."

The effect of making the "return" a "report" is, we believe, to keep its details out of the published Minutes of the Council, and to leave the Council the option of publishing it or not. This is a matter of comparatively small importance, however, since, doubtless, the facts of the report will become sufficiently well known even should the Council be so unwise as to withhold it. It is impossible to overrate the importance, from an educational point of view, of the return in question, since the Council will thereby be able to form a very fair surmise as to the quality of the teaching in the several schools which hold their "recognition." At present, although the Council from time to time makes additions to its curriculum, and also modifies to some extent its examinations, no steps whatever are taken to ascertain whether the authorities of the schools do really carry into effect, in a satisfactory manner, the proposed additions to their teaching, or whether they content themselves with doing just enough to warrant the signing of the required certificates. We are far from saying that the non-success of a certain number of pupils is to be taken as the sole criterion of the teaching powers of a school, and we would urge the institution of a series of unannounced visitations of the metropolitan and provincial schools by members of the Council, with the view of ascertaining the style of teaching and the resources of each establishment.

MALINGERING OR DISEASE?

THE insidiousness and almost latency of some cases of chronic or subacute inflammation of the brain is well known, so that it is possible for grave mischief to be going on in the head with very slight symptoms. A case of this kind has been the subject of inquiry in the Essex county gaol. The case was that of a prisoner, imprisoned on a charge of larceny, and well known to the police for his violence. On this occasion the police seem to have given him a blow in self-defence, which caused a wound about an inch and a half long on the forehead. He was seen by the surgeons daily. He complained variously but not very definitely. One day he complained of pain in his head, on another in his back and loins. On the 29th of March he complained of pain in his stomach, and an aperient draught was ordered. The surgeons, believing him to be "shamming," ordered his hammock to be removed in the daytime. On the 2nd of April he was found worse, and lying on the floor of his cell and apparently unconscious. A blister and ten grains of calomel were now ordered, but without effect, and he died on the 3rd. The surgeons, with creditable candour, confessed that they had underrated the gravity of the case. At the post-mortem two or three ounces of fluid were found in the left ventricle, and all the membranes of the brain were congested. There was no fracture. The jury returned the following verdict: "That the deceased died from serous effusion; and the jury desire to express their regret that so little sympathy should have been shown to a dying man by the medical officers." Now we are not going to apologise for an error of diagnosis. It is always a mistake to be wrong. But when wrong, men ought to act as the medical officers here did, and admit their error. We even go further, and say that we wish that a little more care had been taken than appears from the account before us to have been taken to make sure that there was no mischief going on in the brain, such as a careful examination of the wound, the pulse, the temperature, &c. But having said this much we must be allowed to object to the rider to the verdict as inconsistent and uncalled for. Their was no want of sympathy in the medical officers at all. Their error was simply an error of judgment which the best surgeons would admit to be easy in the case. Their want was not want of sympathy, but want of infallibility, which no one pretends to possess but the Pope.

THE CITY CORPORATION AND THE PUBLIC HEALTH BILL.

DR. LETHEBY, Medical Officer of Health for the City, and Mr. Baylis, Solicitor to the Commissioners of Sewers, have recently been directed to report to the latter body on the provisions of Mr. Stansfeld's Bill. A chief part of the report is occupied in the consideration of the 19th section of the Bill, the last clause of which refers exclusively to the Port of London. The returns of Mr. Harry Leach, as given in his report on the hygienic condition of the Port, are quoted to show that there are no less than 25,000 arrivals of vessels yearly, besides about 2300 sailing and 4000 dumb barges employed in the river, and that these have an aggregate population of about 15,000 persons. Hence it is manifest that the entire responsibility of inspecting all vessels that enter the river cannot be undertaken by the authorities at Gravesend, and, according to the opinion of the reporters, the duty should be undertaken by the Thames Conservators, and the cost thereof be distributed over the whole of the metropolis, inasmuch as the entire population of London is benefited by any measures that are adopted for the prevention of diseases imported by way of the Thames. We have always held that the Conservators are, as a body, best fitted to conduct a system of sanitary surveillance in the Port, and they have already sufficient power to enable them to carry it out effectually. And we likewise subscribe to the opinion of Dr. Letheby and Mr. Baylis, that it is unfair to tax the waterside districts exclusively, though this is, after all, more of a legal than an administrative question. The report also contains some recommendations indicating that many clauses of the Bill might, with certain amendments, be advantageously extended to the City and the metropolis, notably those which relate to the adulteration of food, the closing of infected wells, the abatement of trade and smoke nuisances, &c.

PHYSICAL SCIENCE AT CAMBRIDGE.

IN the departments of Comparative Anatomy and Chemistry the students have so increased as to require further accommodation than the museum buildings have hitherto afforded. According to Mr. J. W. Clark, the superintendent of the Museums, Comparative Anatomy cannot be efficiently taught without practical work—the dissection of vertebrates and invertebrates under a proper supervisor. At Oxford

facilities for this are afforded in the completest manner; but the absence of such at Cambridge incurs the danger of students either gaining their knowledge second-hand from books, or of their resorting to instructors who would have to provide appliances apart from the Museum—a step which would defeat the University's objects in creating and keeping up the large collection it now possesses. "With the view of supplying this want," adds Mr. Clark, "and of supplementing the lectures of Professor Newton by a course of instruction that lectures cannot possibly convey, I have, during last term and this, commenced a class for practical work. For this, however, there is but one room available, that assigned to myself, a room quite unsuited to the reception of a number of students." Prof. Newton also urges the necessity of providing another room, and is joined in his request by Prof. Liveing. Prof. Humphry, writing of the medical school, says that immediately after the passing of the Anatomy Amendment Act, the dissecting-room and the space beneath were altered to take advantage of its provisions, with the result of a far greater amount of work being done in the dissecting-room this season than last. The extended teaching and increased opportunities for practical anatomy have enabled him to apply for, and to obtain, the full recognition of the School of Anatomy by the Royal College of Surgeons of England, so that a student may now complete the required courses of Anatomy and Physiology at Cambridge. This is a very gratifying announcement. The other sections of the report of the Museums and Lecture-rooms Syndicate, though not bearing immediately on medical students, give most satisfactory evidence of the vigour with which physical science is being prosecuted on the Cam.

CENTENARY YEAR OF THE NORFOLK AND NORWICH HOSPITAL.

THE annual report of the above hospital for 1871 is of more than usual interest for two reasons, one being that this year forms the centenary of an institution which has, since its first establishment, occupied a foremost rank among provincial hospitals; and the other that Mr. Charles Williams, assistant-surgeon to the hospital, has made it the occasion for forming a very interesting collection of portraits of those who had been connected with the hospital during the past hundred years.

We are glad to notice by the report that, although the total income for the past year fell short of that received during 1870, the church and chapel collections had considerably increased, owing to some extent to the "Hospital Sunday" having been so generally adopted in 1871. The number of in-patients during the year was 1110, of which number 362 were casualties received in 1871, and the daily average of in-patients was 120. The total number of operations was 272, with 14 deaths; the mortality (excluding 76 minor operations) being 7·15 per cent. Lithotomy was performed twelve times, ten being lateral, and two median operations; one case cut by the former method terminated fatally.

To return to the portraits. The collection, properly framed and hung in the board-room of the hospital, serves, in reality, to illustrate, in the best possible manner, the medical history of a famous provincial hospital for the past century; and Mr. Charles Williams deserves great credit not only for his successful exertions in the matter, but for having suggested a method by which other hospitals might transmit to posterity the likenesses of some of our great provincial surgeons and physicians. The Norwich collection forms a valuable and very interesting series of portraits, some of them of men of considerable celebrity—such as John Greene Crosse, Dr. Yelloly, and Philip Meadows Martineau, of lithotomy fame; William Dalrymple, and his son, John Dalrymple, the eminent oculist; Dr. Rigby, author of the work on Uterine Hæmorrhage, and his son, of obstetric celebrity; Dr. Alderson, the father of Mrs. Opie; Dr. Ranking; Sir Astley Cooper, who commenced the study of his profession in this hospital; and many others.

THE PRICE OF MEAT.

THE price of meat is a matter that concerns the medical profession very closely, not only as consumers, but also by its bearing upon the recovery of their patients and upon the healthy nutrition of children. Given the benefits of an out-door life in a pure atmosphere, and the child of the country peasant will thrive, and develop an abundance of blood and muscle, almost without meat at all. The children of the poorer classes in towns stand upon a very different footing, and the struma and other diseases fostered in close alleys are often greatly aggravated by the effects of an insufficient diet. On the 9th instant, in the House of Commons, Mr. Muntz inquired whether the Government would not advise Her Majesty to issue a Royal Proclamation, enjoining loyal subjects to abstain for the present from the consumption of veal and lamb, until the stocks of cattle and sheep were restored to their former numbers? Mr. Gladstone replied that he had much sympathy with the spirit of the question, but that he could not advise Her Majesty to issue a proclamation that would have no legal force, and that would be in the nature of a sumptuary law. It would not be obeyed, and it would tend to bring authority into discredit, rather than to serve the object in view. When Mr. Muntz gave notice of his intention to ask this question, his notice is said to have been received with "laughter"—a laughter very little creditable to those from whom it came, and very suggestive of that "crackling of thorns under a pot" which was once spoken of by a great authority. It must be borne in mind, however, that the slaughter of lambs and calves is not altogether wasteful, because on many farms more are born than it would be possible to rear to maturity, and the only way of using them is to send them to market as soon as they are available for food. We hope that Mr. Muntz's question will, notwithstanding, be repeated sufficiently often to be impressed upon all classes of the community. We would suggest, likewise, that the time is come for some active effort to instruct the middle and lower classes of this country in the art of cookery, so sadly and so notoriously neglected in England. It is not too much to say that the wasted food of an ordinary English household would suffice for the support of an ordinary French one; and the price of meat will not be an unmixed evil if it should serve to call attention to the degree in which it may be economised by proper methods of preparation.

A NOSE MACHINE.

WE see by an advertisement in *The Times* that some enterprising inventor has constructed what he is pleased to call a "nose machine," by which the shape of that very important portion of the human face divine can, it is said, be modified in any manner that is desired by the owner. We have not had the advantage of inspecting the apparatus; although we think the ingenious contriver cannot do less, after this notice, than immediately forward one for our acceptance. Should he do so, we promise to use our best endeavours to find some *nasus vilis* upon which to test its merits, although we confess that most of the "snubs" now present to our recollection would afford difficulties arising

from absolute deficiency of nose material, as well as from faulty curves and ungraceful outlines. Possibly, however, the principle of the late Mr. Easy, who elevated desirable phrenological bumps by means of a cupping-glass, may here come into play. Cases of rhinoplasty, in which the newly formed nose is usually more or less shapeless, will afford a fine field for treatment, and will furnish a means of elevating the new art of nose-moulding into a distinct branch of surgery, for which it is quite likely that a special hospital may be required at no distant date. We strongly suspect, indeed, that we see an opening for a lucrative department of practice. The inventor, who is not wise in his generation, offers his machine for absolute sale for the small sum of 10s. 6d., and states that "anyone can use it." The first care of nasoplastic surgeons would be to dispel this illusion, and to show that the "nose machine" would require to be modified in its action by the frequent and judicious application of a key, that this key could not be safely entrusted to a patient, and that the skill necessary in order to turn it properly was such as to demand a frequent and golden recompense.

THE ARMY MEDICAL DEPARTMENT, PAST AND PRESENT.

A SMALL pamphlet has been drawn up, and is now in the course of circulation, regarding the past and present prospects of the above service. It puts the facts in a very lucid and temperate way before the public. Although the Royal Warrant of 1858 was promulgated for the purpose of remedying the condition of the service that then existed, it has in reality failed to effect all that it promised. It undoubtedly gave assistant-surgeons great pecuniary advantages, but the average length of service in the assistant-surgeon grade which obtained when men were drawing a lower rate of pay than they now do, was only seven or eight years; whereas it is now fifteen, and promises to be much more, unless the block that exists at present be overcome. We hope Mr. Cardwell will give his earnest consideration to the plan put forward by the writer of this pamphlet for remedying the existing stagnation. The present is a peculiarly fit time for doing something, seeing that a complete reorganisation of our army system is to take place, and that measures have been introduced for overcoming the block which exists in the other scientific branches of the service. Mr. Cardwell apparently intends withdrawing certain duties from the militia surgeons for the purpose of imposing them on medical officers of the regular army. By the delegation to the Army Medical Department of all militia recruiting, and attendance on the militia staff, Mr. Cardwell will save, according to the pamphlet before us, £10,000 a year. It is not unreasonably expected, therefore, that some of their own earnings may be devoted to the restoration of promotion amongst assistant-surgeons.

DEPUTATIONS TO MR. STANSFELD.

As might be expected, Mr. Stansfeld has been overwhelmed by deputations. At St. Leonards and Hastings local jealousies have been alarmed for their independence. The Public Health Bill will consolidate them both under one municipal authority, and they will have the great advantage of a common sanitary staff. Mr. Stansfeld said there were many other towns in a like case, and if he permitted an exception, the whole policy of his Bill would be destroyed. He promised, however, that compensation should be secured for displaced officers. The whole body of surveyors are in alarm, and they desire that their appointments may be made permanent and placed under the direct control of the Local Government Board. The metropolitan medical officers of health have rendered good service in proposing to add tea, coffee, cocoa, sweetmeats, condiments, and confectionery to the list of articles which may be seized when unfit for human use, and they propose to extend adulteration so as to include the addition of harmless substances for the purpose of increasing bulk, as well as to the admixture of all mineral substances except harmless salts of soda and potash. They also recommend the extension of certain clauses to the metropolis, as suggested in another column. It would seem that the promise given concerning the modifications of Clauses 33 has pacified the manufacturers. Mr. Stansfeld has promised his special attention to the valuable suggestions of Mr. Michael, with respect to the raising of money for the execution of sanitary improvements. He proposes that all sanitary authorities shall have the power of mortgaging any property they possess, and of applying the proceeds in the reduction of loans. He has also pointed out the anomaly which exists in towns and improvement districts with respect to rating, and suggests that the sanitary authorities should be able to borrow money for the execution of improvements on private property, instead of, as now, finding it directly from the rates.

It is pretty clear that the Bill will have a stormy course in committee, but we hope that patience and firmness will secure success.

THE RETENTION OF CORPSES IN DWELLING-HOUSES.

THE Public Health Bill confers upon the Local Government Board the power of ordering urban authorities to provide mortuaries, and why are rural authorities excused? Surely a corpse in a cottage is as bad as one in a town apartment, indeed it would often be considerably worse. Dr. Lankester has stated that there is no power to order removal to the mortuary; but surely he is wrong. Section 27 of the Sanitary Act, 1866, provides that any dead body which is in such a state as to endanger the health of the inmates of the same house or room, may, by order of a justice, on a certificate signed by a legally qualified practitioner, be removed at the cost of the sanitary authorities to *a proper place of reception*. It is not necessary that the corpse shall be offensive. There may be a few cases where it would not be dangerous to one or more inmates of the same house; but in a room having only one bed, and occupied by a large family, the presence of any corpse whatever must be regarded as a nuisance; and there would be no difficulty in obtaining a certificate to that effect, or the magisterial order for removal, if a proper place were provided. We should like to inquire if there is such a place in St. James's, Westminster.

DUBLIN CONVALESCENT HOSPITAL.

LAST week the Corporation of Dublin received a body of gentlemen deputed by their fellow-citizens to bring before the Municipal Council the advisability of providing a home for small-pox patients who, after leaving hospital, had not become entirely convalescent. The deputation included the Archbishop of Dublin, the Right Hon. A. Brewster, the Vice-Chancellor, Canon Farrell, the High Sheriff, Sir Dominic Corrigan, M.P., Sir James Power, Dr. Stokes, the Presidents of the Colleges of Surgeons and Physicians, and other citizens of standing and ability. After the Archbishop, Dr. Kennedy, Dr. Burke, and Dr. Stokes had addressed the Corporation, Sir John Gray, M.P., pointed out that persons of the artisan class, through false pride, objected to go into small-pox hospitals in connexion with the two workhouses, and that it was with a view of providing for such patients

that the deputation had called. He concluded by moving that the Public Health Committee be authorised to furnish in such manner as they deem fit a home for convalescents from small-pox. Dr. Norwood supported the resolution, which was on the point of being carried unanimously, when Sir Dominic Corrigan rose and offered a number of objections to it in the interests of the ratepayers. The home, he said, would cost the city £2000 a month, a great part of which would be spent on patients brought in from outside the city boundary; and, amid a good deal of interruption, he followed up his argument, concluding that the tax ought to extend six or seven miles out of town. The Vice-Chancellor animadverted on Sir Dominic Corrigan's speech with some acerbity, and said that Sir Dominic's estimate of £2000 a month for the home required some better authority. Other speakers followed in similar strain, till at length Sir John Gray's motion was put and carried. The leading Dublin press reflects severely on Sir Dominic Corrigan's deserting the cause he had come to support, and raising legal and local difficulties tending to postpone an undertaking already too long delayed.

CHILDREN IN MINES.

A DEPUTATION of gentlemen "interested in mines" waited on Mr. Bruce on Friday, the 12th inst., to impress upon him the injustice which the prohibition of children under thirteen from working underground would do to the "poor miners" of Yorkshire, Lancashire, and Somersetshire. Mr. Bruce agreed to allow children above ten and under twelve to work half-time in such mines as he might certify. Mr. George Howell, however, thinks that not only the "poor miners" but the "poor children" should be considered, and writes to the leading journal that the "cry of injustice never came from the 'poor miners' of the districts named by the deputation. Does it not seem strange," he asks, "that this crying evil of the poor men should be made known to the Home Secretary by mine-owners, who have a personal interest in boy labour, and not by the delegates of the miners?" He insists very properly that children of ten ought to be at school instead of toiling underground, and that if the cupidity of the miner interferes with the care due by him to his own children, the law must take the latter under its protection. No effort has been spared to render the Education Act compulsory up to thirteen years of age; and here is Mr. Bruce lending his hand to defeat that most salutary provision! Mr. Forster must vindicate his own measure against his colleague, otherwise the Society for the Prevention of Cruelty to Animals must be made to enlarge the sphere of its usefulness, and the helpless children of the mining districts be rescued from a degradation more cruel than that of the beasts which perish.

SIR R. CHRISTISON ON SALMON.

WHAT is the difference in composition between clean and foul salmon? As a food question of peculiar interest at the present hour, it deserves all the attention given to it by Sir R. Christison in a paper recently read before the Royal Society of Edinburgh. One of the specimens examined chemically by Sir Robert was a very fine clean-run salmon, 20 lb. in weight, taken in May last from the tideway of the Tay; the other was a kelt, caught in the present month. The first analysis gave (of course) a large quantity of oil. In making it masses of fat were avoided, the substance dealt with being that analogous to the lean of fat meat. In the clean salmon the flesh taken from the dorsal region showed 16·66 per cent. of oil, 20·57 per cent. of nitrogenous matter, 0·88 per cent. of saline matter, and 61·89 per cent. of water; while that from the abdominal region gave of oil 20·4 per cent., nitrogenous matter 18·82 per cent., saline matter 0·88 per cent., and water 59·90 per cent. The foul salmon, *au contraire*, yielded in its dorsal region, of oil 1·2 per cent., nitrogenous matter 16·92 per cent., saline matter 0·88 per cent., and water 81·0 per cent.; while in its abdominal region it showed of oil 1·3 per cent., nitrogenous matter 17·22 per cent., saline matter 0·88 per cent., and water 80·6 per cent. Taking the mean of the abdominal and dorsal regions in both, the results were:—In the clean salmon, of oil 18·53 per cent., nitrogenous matter 17·07 per cent., saline matter 0·88 per cent., and water 60·89 per cent.; while in the foul salmon, of oil there was 1·25 per cent., of nitrogenous matter 17·07 per cent., saline matter 0·88 per cent., and water 80·80 per cent. In the foul fish the oil was very much less in quantity, the nitrogenous matter also less, while the water was considerably greater. In the clean salmon (besides its superiority to the foul in all nutrient respects) the great quantity of oil was, according to Sir Robert, an argument in favour of the Scottish opinion that the fish when good required no sauce.

DEGREE FACTORIES.

OUR readers, both in England and America, will read the following paragraph with great satisfaction. It is lamentable to think that even now the destruction of this degree-selling business may not be complete. But a good beginning has been made; and we hope the revocation of all abused charters will be thorough. We are assured that in America the line between respectable diplomas and bogus ones is as strict as here. We are glad of the assurance. But the sooner the sources of diplomas are diminished in number and guaranteed in character, the better for the reputation of medical science in America and everywhere else.

"THE 'DIPLOMA' TRAFFIC.—The charters of the two establishments in this city convicted before the Senate Investigating Committee of selling diplomas, have been revoked. This is just, and both the Committee and the Legislature deserve credit for it. It is to be hoped, however, that the Bill, which has just been signed by the Governor, is so ample and comprehensive as to revoke all the charters under which the 'Eclectic' and 'Philadelphia University' and 'American University,' &c., have carried on their disgraceful traffic. Each one of them was reported to have a sheaf of charters. It might be well enough also for the Committee which has done so well thus far to inquire whether in the recent legislation at Harrisburg—say for the last eight or ten years—other charters for such concerns have not been granted and are now on sale in the market; and it might be well also to keep vigilant watch during the remainder of the session, to make sure that no new charters are issued to set those discreditable concerns on their legs again."—*Public Ledger*, Philadelphia, March 28th, 1872.

PECULIAR PEOPLE.

THE "Peculiar People" are only a little more peculiar than a great many people now-a-days. George Hurry is very properly under the fire of a coroner's inquiry in Kent for neglecting to get a doctor for his child in fatal small-pox, on the ground that to seek medical assistance implied a want of trust in the Almighty. He had also neglected to have it vaccinated. It is high time that men who blame God for deaths which might have been avoided if they had done their duty should be enlightened. This is due both to God—we speak reverently—and to children who have the misfortune to have fools for their fathers. Dr. Chalmers used wisely to say that no one did more harm than a pious fool. We repeat that the whole class of people who refuse to vaccinate their children, who prefer their own opinion to the judgment of science and the authority of

law, are peculiar people, and do not differ much in character from George Hurry, the sawyer, of Plumstead. Hurry did, indeed, at the inquest display some reasonableness, however inconsistent with his stupidity, for he said he intended to have a baby vaccinated concerning whom the vaccination officer had called, and that he had removed the other children lest they should catch the disease.

THE MEDICAL SOCIETY OF LONDON.

UNDER the presidency of Mr. Bryant, this, the most ancient of the professional Societies of London, is fully maintaining the prestige which during the last few years it has done so much to recover. The meeting on Monday last was of especial interest. Mr. Royes Bell exhibited a patient, a young woman, from whom he had removed the proximal phalanx of the right thumb, on account of a large enchondroma. The tendons were left uninjured, and the terminal phalanx was placed in apposition with the metacarpal bone, with the result of leaving a very useful thumb, possessed of considerable strength and of much power of flexion and opposition. Dr. Thorowgood exhibited some new pharmaceutical preparations. Dr. Crisp then read portions of his Essay on Croup, to which the Fothergillian Medal has been awarded; and Dr. Semple created much amusement by criticising the essay from almost every conceivable point of view, his criticism being prefaced by the statement that he had been one of the adjudicators by whom the prize was awarded. Dr. Semple undertook to read, next Monday, a paper on Diphtheria, after which the points of difference between Dr. Crisp and himself will be made the subject of discussion.

PHYSIOLOGY OF THE BLADDER AND KIDNEYS.

DR. TRESKIN, of Mstislawl, Russia, has made some researches on the physiology of the bladder and kidneys in Hoppe-Seyler's laboratory, and has arrived at the following conclusions, which he has published in Pfluger's *Archiv für Gesammte Physiologie*:—"1. The contents of the urinary bladder and those of the bloodvessels and lymphatics in its walls mutually diffuse into one another. 2. In consequence of this diffusive process the contained urine receives water, and gives off urea. 3. The urea found in the blood or lymph of an animal may consequently have entered these fluids by diffusion, and may have previously been excreted by the kidneys. 4. This diffusion also occurs when a more concentrated urine is secreted by the kidneys than that retained in the bladder. 5. The urine stagnating in the bladder in addition to water usually takes up common salt also. 6. The secretion of the two kidneys contains nearly equal quantities of urea, though the volume, and consequently the percentage proportion, of the urea secreted by the right and left kidneys in the same period may vary to a very remarkable extent.

A FLOATING HOSPITAL FOR PARIS.

IT is reported that the French are about to establish a floating hospital on the Seine, in or close to Paris, and have applied to the *Dreadnought* authorities for particulars as to the arrangements of the ship that, until within the last two years, sick seamen occupied on the Thames. We do not know precisely by whom this scheme is being propagated, but it appears to be unwise and absurd in the highest degree. The experience of past years has sufficiently shown that floating hospitals, whether of wood or iron, are not successful in a sanitary point of view, and can only be advantageously employed during war or during the existence of an epidemic. And as it is well known that the Seine water is extensively used for drinking purposes, it needs no sophistry to show what the result will be when the excreta of a floating hospital are being discharged into it at all hours.

ST. JOHN'S HOUSE, ASHFORD.

WE have before us the first report of the St. John's House, Ashford, Kent, embracing a period of two years. St. John's House is a village hospital established in January, 1870, which in hygienic arrangements and executive details has much deserving commendation. It has a resident lady superintendent, a secretary, and a medical staff, all giving their services gratuitously; not the least pleasing feature in the administration being the fact that the medical staff comprises all the practitioners resident in Ashford, thus obviating what is often a fertile source of ill-feeling. In Mr. Furley, the hon. secretary, whose services under the Red Cross during the late war are so well known, the surgeons have a valuable coadjutor. Up to December 29th last, 106 patients had been treated, some for very grave diseases necessitating operative interference, among them two successful cases of lithotomy being recorded.

THE LATE DR. STEGGALL.

A VERY sad circumstance connected with the death of the late Dr. Steggall has been brought under our notice. This gentleman had made, as he thought, a provision for his widow by insuring his life; but, unhappily, he selected the European Company, the failure of which has left this poor lady in the most destitute condition. Dr. Steggall was a talented and useful member of the profession. There are many in the profession who owe him not a little, and must feel it personally a pleasure to give a helping hand to his widow so as to enable her to tide over immediate wants, and to afford her time to look about for some means of gaining a livelihood. We shall be only too happy to receive contributions on her behalf.

THE "ROYAL" ORTHOPÆDIC HOSPITAL.

WE have received a touching letter from the panic-stricken Secretary of another Orthopædic Hospital—not that which has lately been made so famous. He tells us that the Oxford-street establishment should be properly styled "Royal," and manifestly fears that his own may be mistaken for it. We can to some extent sympathise with him; but, on the whole, we fear Cæsar and Pompey are very much alike, and that the other Orthopædic Hospitals differ from their elder sister chiefly in the fact stated—that they are not "Royal."

BATHING IN THE THAMES.

WE see with much pleasure that a project is on foot for constructing swimming-baths on the Thames, one off Battersea-park, and one between the Temple and Waterloo-bridge, both of course fitted with an efficient filtering apparatus. Forty or fifty years ago, before the Thames was befouled as it has been in more recent times, a morning swim was the daily habit of many athletic young Londoners, and there can be no doubt that large numbers of people will be eager to avail themselves of the healthful privilege which is about to be restored to the metropolis.

CROSS-COUNTRY EMIGRATION.

A STEAMER arrived at Granton some few days ago from Christiania and landed upwards of forty emigrants, *en route* for North America. This is probably the first of many ship-loads of persons who, during this season as heretofore, will make use of Hull, Liverpool, Glasgow, Grimsby, Gran-

ton, Leith, and Aberdeen as ports of transit. As sanitary matters in connexion with the shipping are now beginning to excite some sort of interest, it is as well to remind those concerned that cholera has been imported from the Continent in this manner, that these emigrants have not hitherto been properly supervised or cared for during their stay in this country, and that it is the duty of the local authorities, both at the points of arrival and departure, to keep a close watch on these brief visitors, who are likely enough to leave objectionable reminders behind them.

CIVIC LIBERALITY.

THE liberality of the great City Companies is proverbial. But as special donations to strictly medical charities are the exception, we call particular attention to the fact of the Goldsmiths Company having sent a sum of £100 to the treasurer of the Medical Benevolent Fund, in furtherance of the objects of that most useful charity. We believe the claims of this fund to public support were brought under the notice of the Goldsmiths Company indirectly through Mr. Erasmus Wilson, and this handsome and kind recognition by the Court of that Company is an act which, whilst it sets a good example to other public bodies, will be warmly appreciated by the profession.

THE HAMPSTEAD HOSPITAL.

WE regret to hear that Mr. W. H. Wyatt, J.P., has retired from the chairmanship of the Hampstead Hospital Committee. No one who has any experience of the enormous difficulties imposed on the Committee over which Mr. Wyatt presided by the epidemic of last year, or who has visited the Hampstead Hospital, can fail to recognise the administrative ability which secured so large a measure of success. Mr. Wyatt will, however, continue to be a member of the Committee; and Mr. Ross, who has taken great interest in the hospital, has been elected to the chairmanship.

MECHANISM OF THE SEMILUNAR VALVES OF THE HEART.

M. G. CEREDINI, from his experiments upon these valves, arrives at the following conclusions:—(1) That the valves are not applied to the walls of the vessels (aorta and pulmonary artery) during the systole of the heart; (2) that their closure is an immediate effect of the cessation of the systole, and precedes the diastole; (3) that there is no regurgitation, and consequently no loss of force; and (4) that the interval between the first and second sound is the exact measure of the duration of the systole, whilst the interval between the second and the first represents that of the diastole.

ST. THOMAS'S HOSPITAL.

ON Tuesday a meeting of the Governors of St. Thomas's Hospital was held for the consideration of important minutes. At the request of one of the oldest governors we sent our reporter there, but he was refused admittance, the treasurer informing him that the press was not admitted. The natural inference to draw from this refusal, and which cannot but convey a bad impression, is that the governors were engaged in matters that would not bear the light of free discussion.

H.R.H. PRINCE ARTHUR, K.G., has consented to preside at the annual festival to be held at Willis's Rooms in aid of the funds of University College Hospital on Thursday, the 9th of May.

THE Gresham Lectures will be commenced by Dr. Symes Thompson on the 25th of April at the College in Basinghall-street, E.C.

DR. GREAM has left London for Potsdam, to be present at the accouchement of Her Imperial Highness the Crown Princess of Germany, which is shortly expected.

SMALL-POX is reported to be frightfully on the increase in Cork, principally in consequence of the objections of the friends to allow the sick to be removed to hospitals.

AN English screw steamship arrived lately at Bombay from Jeddah with a large number of pilgrims, three of whom died on the passage from cholera.

THE Committee appointed to consider the Master and Servants (Wages) Bill held their first meeting on Monday last.

AT a recent meeting of the guardians of the Holborn Union the butter supplied to the Clerkenwell Workhouse was described as being only "fit for cart grease."

THE Liverpool Workhouse Committee has instituted a weekly scrutiny of the "drunkard list," with the view of detecting out-door paupers who spend their relief money in drink.

A LETTER from Dr. Kirk on the movements of Dr. Livingstone is to be read at a meeting of the Royal Geographical Society on Wednesday evening next.

OF 115 small-pox patients in New York on the 23rd of March, not one had been successfully vaccinated since childhood.

THE Bishop of Winchester, in "Prayers and Rules for District Visitors," directs the visitor to inquire in families whether the children have been baptised and whether all have been vaccinated.

A SWEDISH vessel arrived last week in Portland Roads from Batavia with six cases of scurvy on board. Five of these were landed and sent by railway to the Seamen's Hospital at Greenwich.

THE *Irish Times* argues sensibly in favour of the erection of a convalescent home in Dublin for small-pox and other infectious cases in the stage of recovery. There can be no doubt that such an institution would be not only a great benefit to the individuals sent to it, but to the whole community by limiting the spread of infectious disease.

AT a recent meeting of the Richmond Town Council, Yorkshire, a letter was read from Mrs. Brown Simpson, offering to erect a hospital for Richmond, and hand it over to the Corporation, providing the latter would find a site for the building. The munificent offer was at once accepted.

A BETTER spirit seems to have come over the medical students of Paris. At the reopening of the Medical School on the 15th inst., the lecture of Professor Dolbeau—who, it will be remembered, was recently compelled abruptly to quit the theatre owing to the violent demonstrations of his audience—passed off without interruption. Sixty students are said to have been present on the occasion.

THE electors to the Waynflete Professorship of Chemistry at Oxford will proceed in the matter in Act Term next. The professorship is worth £600 a year—an endowment payable out of the revenues of Magdalen College. The functions and duties of the office are mainly regulated by a statute of the University, the particulars of which, as well as of the College ordinance, may be obtained from the president of Magdalen, with whom candidates must lodge their claims on or before the 18th of May.

THE FIRST CONGRESS OF THE GERMAN SURGICAL ASSOCIATION, BERLIN, 1872.

NOT very long ago Professor von Langenbeck, in his anxiety to add to what he has already done for the cause of surgery in Germany, after consultation with his friends, issued invitations to the surgeons of Germany to meet at Easter in Berlin for the reading of papers on, and the discussion of, surgical subjects, and especially for the better ascertaining of the advances made since or during the war of 1870-71. How far there was also a wish to make German surgeons feel themselves all alike, and equally members of one great Fatherland, and equally interested in and engaged by the war in which they all took a part, appeared neither upon the invitation cards nor in the introductory address, but seemed hinted at in some of the after-dinner speeches. The appeal was responded to by 110 of the leaders of German surgery in every direction, from Munich to Königsberg, from Aix-la-Chapelle to Vienna. The meeting commenced on April 10th, falling conveniently betwixt the winter and summer sessions. The assembly met in a very handsome room in the Hotel de Rome, in the Linden, and near the palace. The meeting was presided over by Prof. von Langenbeck, who read two letters, one from the Empress and one from the Crown Prince, expressing the great interest which they took in the meeting and its purposes. Langenbeck was the elected president, a post for which his handsome courtier-like figure and polished manners, no less than his surgical renown, well entitled him. Professor von Brunns, of Tübingen, was elected vice-president; Professor Volkmann of Halle, and Professor Gurlt of Berlin, were chosen secretaries; and Dr. Trendelenburg of Berlin, treasurer. In addition to these gentlemen, Billroth of Vienna, Bardeleben of Berlin, Simon of Heidelberg, and Baum of Göttingen were elected into a committee to aid the officers in conducting the affairs of the Association. It was decided to meet every year at Berlin on some day betwixt the 10th and 13th of April, so as to take advantage of the Easter recess; and that every one engaged or occupied in surgery shall be eligible for election. The assembly consisted of some 100 gentlemen, many of them at or past middle life. The faces were thoughtful and intellectual, and well became the people they represented, but among them all the handsome and imposing figure of Billroth was pre-eminently conspicuous, with an unmistakable look of talent, which marks him as the greatest scientific surgeon of Germany.

The first paper was read by Volkmann on "Comparative Statistics of Injuries occurring in time of Peace and War." He considered that better results were obtained in war times, in spite of the disadvantageous circumstances under which operations had often to be performed. He was inclined to attribute this to the fact that the soldiers were picked, healthy men, in whom even comminuted fractures with many fragments would often heal up without any necrosis. He considered that five days would determine the fate of any fragment. On this interesting paper an active discussion ensued, Langenbeck, Bardeleben, Busch (Bonn), v. Brunns (Tübingen), Börner (Berlin), Fischer (Hanover), and Hermann (Prague), speaking.

Then Prof. Busch followed with a paper on a "Form of Epithelioid Lupus of the Extremities." It was microscopically like epithelioma, but differed from epithelioma in its rapid progress, and in the lymphatics not being affected. It was also allied to lupus in the nature of the contractions of skin and joints, and in its curability. On this paper spoke Wernher (Giessen), and Schönborn (Königsberg).

A paper followed by Schede, of Halle, on the "Minute Appearances of Tissues after the Application of Tincture of Iodine." It appeared from his experiments on animals, that repeated applications of iodine produced hyperæmia, swelling, effusion of red corpuscles, and development of connective-tissue corpuscles, which underwent fatty degeneration, and, if the applications were continued, ultimate sloughing.

At 4 P.M. they adjourned to dinner in the hotel, and drank the Kaiser's health (Brunns). "Present Strangers and Absent Friends" (v. Langenbeck). It is complimentary to British surgery to know that a worthy English representative of surgery, Mr. Jonathan Hutchinson, was among the "strangers present." Other toasts were drunk.

SECOND SITTING.

On the 11th, at noon, the Congress again met, when Prof. Roser of Marburg, unable to be present, contributed a paper on the "Fungus Micrococcus as the supposed originating cause of Pyæmia," asking for a Government investigation at once. A discussion on it ensued, in which Billroth and others declined to take such serious notice of the views of the author.

Dr. Trendelenburg then related a case of "Stricture of the Trachea," in which tracheotomy had been performed and the stricture dilated with bougies, which are still passed by the mouth. The girl, who was shown, can speak well and breathe easily by the larynx, but still wore a tube in case of any intractable contraction of the stricture. He also showed an apparatus for "tamponning" the trachea in operations on the jaws, &c. Previous to the operation tracheotomy is performed, and a canula inserted surrounded by an india-rubber balloon, which is blown up and fills the trachea, and prevents blood running into the bronchia. Langenbeck and Simon spoke very highly of its use, and in the discussion it appeared that Nussbaum, of Munich (who unfortunately could not attend), had used a similar "tamponning" of the œsophagus to prevent too great an influx of blood into the stomach in similar operations.

Stilling, of Cassal, followed on the "Pathogenesis of Urethral Stricture and the Histology of the Human Urethra." He pronounced the penis an organic muscle, consisting of organic muscular fibre with extensive arterial dilatations in its structure, and regarded erection as an arterial hyperæmia, and not due to venous congestion. He stated that these organic muscular fibres passed into the urethra and endowed it with contractility. Mucous inflammation destroyed these fibres by fatty degeneration, and stricture was produced by contractile connective tissue taking their place. He illustrated his views by microscopic slides and by drawings on a black board. No discussion followed.

Metzler, of Darmstadt, then read a paper on "Resection of Knee-Joints." He had had eleven cases, six successful; but his paper contained nothing new or original.

APRIL 12TH—THIRD SITTING.

Busch (Berlin) read a paper on the "Treatment of Skull Fractures with Depression." He had six cases, and showed three. The treatment consisted of simple elevation with extraction of the fragments, and afterwards of sequestra; trephining was only resorted to in the very worst of cases.

Mühlvenzl (Vienna) showed a field-stretcher and ambulance waggon, such as are used in the Austrian army.

Bidder (Halle) read a paper on "Treatment of Simple Fracture of the Femur without restrictive Bandages." He used extension only, without any splints, and got good results with little shortening.

Dr. Wegner (Berlin), assistant with Professor Virchow, then contributed a paper on "Experiments with Phosphorus." It had not been given in poisonous doses (the phosphorus experiments of E. Wagner are well known), but in small doses, and had appeared to favour osseous growth. Its use was considered to hasten the ossification of callus in fractures &c. This was regarded as a valuable paper, and will probably be more heard of when published in due course.

During the day Simon (Heidelberg) demonstrated in Langenbeck's clinique a case of Hydro-nephrosis, with fistula

in the right lumbar region, and drew the distinction in diagnosis betwixt this affection and ovarian dropsy.

APRIL 13TH.—FOURTH SITTING.

Wolff (Berlin) showed a number of preparations which looked very well.

Simon contributed a paper "On a Method of Artificial Dilatation of the Rectum." He stated that by the bowel the sternum could be felt, and advocated scraping out carcinoma from the sigmoid flexure &c. by this means.

Dawzel (Hamburg) gave the Surgical Experience in the Mariæn Hospital of Hamburg.

Heine (Innsbruck) read a communication "On the Diffusion of Tumours by Parenchymatous Injections."

Adelman (Berlin) gave two cases of Swallowed Forks. One was passed by the bowels, and the other removed by gastrotomy. The operation was quite successful, but the patient died a month after of some other affection.

Professor von Langenbeck had prepared a paper "On the Treatment of Gunshot Wounds of Joints," in which he advocated a conservative treatment; but, being lengthy, it was postponed from day to day, and ultimately never read. In a brief speech Langenbeck dismissed the Congress, congratulating it on its success, and the amount of papers and their quality, and expressing his great satisfaction at their present progress and future prospects. The Congress will meet annually at Berlin, but it is probable that it will soon, like its congeners, become peripatetic.

The list of names after the meeting consisted of 124, "all with a good clang," and included, amongst those mentioned above, Braun (Leipsic), Czerny (Freiburg), Dumreicher (Vienna), Esmarch (Kiel), Hueter (Greifswald), Kade (St. Petersburg), Lohmeyer (Göttingen), Rose (Zurich), Sachs (Cairo), Sextor (Wurzburg), &c. &c.

The proceedings terminated each day by a dinner (4 P.M.) in the Hotel de Rome, where Langenbeck presided, and Billroth, Busch, Gurlt, &c., surrounded him. Traube was present on Friday. There were comparitively few strangers, to whom, however, Langenbeck was especially courteous. The speeches were brief, and the cheers very far short of the English "Hurrah," while the clinking of glasses all over the room and the perambulation entailed by it were essentially German. One speech strongly insisted that Berlin was no longer the "Prussian capital," but "the German capital," a sentiment generally well received, but an occasional face looked non-assenting. Politics, however, were eschewed, and the dinners, as well as the meetings, went off very successfully. Altogether, Prof. v. Langenbeck can be congratulated on the success of his scheme, and the first German Surgical Congress augurs well for the future prosperity of the Association.

SANITARY STATE OF SCARBOROUGH.

THE long-looked-for report of the Sanitary Committee, accompanied by a report by Mr. Bazalgette on the condition of the sewers, has at length been published. We were prepared for a considerable amount of self-laudation, but we confess that we did not expect to be told that the annual rate of mortality, estimated on the average actual population, is under 19 in the 1000. Of this statement the committee give not the slightest proof; they merely state that the number of visitors in the season is *estimated* at from 15,000 to 20,000; and its incorrectness may readily be proved by a reference to the last quarterly return of the Registrar-General, where we find that, in the *registration sub-district* of Scarborough there were registered during the last three months of 1871 the following deaths:—From all causes 215, from small-pox 58, from diphtheria 3, from "fever" (type not distinguished) 7. The aggregate mortality of the quarter was in the ratio of 33 deaths annually per 1000 of the population, as returned at the recent census, and the corresponding ratio for the previous December quarter was 28. Scarborough had a higher death-rate than either London, Bristol, Birmingham, Liverpool, Bradford, Leeds, or Hull, last autumn; and it exceeded by nearly 5 per 1000 the average rate for 50 districts or sub-districts containing towns of the second magnitude. Small-pox was five times as fatal in Scarborough as it was in London.

Or again, if we take the nine months of the year when the town has comparatively few visitors, and consequently to which the census returns of April may be properly applied, we arrive at an annual ratio of 26 per 1000 as the death-rate of 1871, during the time when the population was entirely residential. It is evident from a comparison of this ratio with that of the whole year, which was stated in our report to be a fraction under 24 per 1000, that the visitors affect the rate very much less than the committee wish the public to believe.

The committee profess to have instituted a thorough examination into the sanitary condition of the lodging-houses. The best they can say is that they are not worse than in other watering-places, and they inform us that the lodging-house keepers of Scarborough, as a body, systematically exercise as careful and active a supervision over their sanitary arrangements as those of any town in the kingdom. Considering that it has been found necessary to introduce a law to punish lodging-house keepers for concealing epidemic diseases, and for letting infected lodgings, and that the bad construction of lodging-houses and the neglect of their proprietors are notorious, this is not very assuring; and it is, perhaps, more satisfactory to find that the committee have found it desirable to relieve the superintendent of police of the duty of inspecting nuisances, and to recommend the appointment of a competent inspector and an officer of health.

Mr. Bazalgette's report is, so far as we are competent to judge, a very able document. He recommends a new intercepting sewer, with the object of relieving the sewer on the foreshore, and he recommends that the sewer of the south cliff shall be brought across the bridge and carried directly through the town, with the same object. He recommends a more complete and extensive system of ventilation of the sewers. He says that a system of supervision by the Local Board of the house drainage constructed by private builders is absolutely necessary, and that private builders should be required to carry a ventilating pipe from the upper end of each drain to the top of the house. He thinks the ashpits objectionable, and that careful periodical inspection under competent medical direction should be vigilantly continued. He suggests the adoption of slate water-troughs in lieu of the present ashpits, as opportunity offers, and reports that the nuisance caused by the collection of ashpit filth near Seamer-road has been removed, the material being now carried to farms at a distance from the town.

We can scarcely wonder at the attempt being made by the Town Council, mainly elected by lodging-house keepers, to put the best face upon a bad affair; but we should not be doing justice if we did not express our satisfaction with what has been done. We regard it as the earnest of more to come, for it would be a thousand pities if one of the many advantages presented by Scarborough as a health resort should be destroyed by ignorance, indifference, or neglect.

COLONIAL MEDICAL WORKERS.

THE public medical work undertaken by medical men holding official appointments in our various foreign stations is very apt to escape due recognition in this country. A certain number of official documents, which embody the observations and researches of these gentlemen upon special points of public hygiene or particular maladies which cause great mortality amongst the European residents in foreign countries, reach this country and are commented upon by the medical and lay press, and we always endeavour to do justice to them ourselves. But still it is very desirable, both for the enlightenment of the colonial government upon matters of social administration and for the encouragement of those who are toiling in far off districts, in most cases singlehanded and without the stimulus of fellowship with other scientific workers in similar fields of observation, that the utilisation of facts culled from foreign disease-grounds should be more systematic and complete. We are led to these remarks by the perusal of the last two numbers of the *Customs Gazette*, published by order of the Inspector-General of Customs at Peking. We should scarcely expect to find much material of a medical nature in documents of the kind, but indeed they are composed ex-

clusively of medical reports. The Inspector-General issued a circular at the end of 1870, intimating his desire to take advantage of the circumstances in which the customs department was placed to procure information with regard to disease amongst foreigners and natives in China, and stating that it was his intention to issue half-yearly reports embodying the collected material, under the superintendence of Dr. Jamieson, of Shanghai. He asked from port medical officers for information relative to the general health of the population, the general type of diseases, the relation of disease to seasons, drainage improvements, for facts bearing on peculiar diseases, especially leprosy epidemics, and the like. The circular was addressed to some twenty medical officers at the ports of Peking, Tientsin, Chefoo, Hankow, Ningpo, Shanghai, Foochow, Amoy, Canton, and other places. In the last report, for the year ending Sept. 20th, 1871, there is an admirable clinical account of fifty cases of anæsthetic leprosy, which is especially worthy of attention, in Drs. Muller and Manson's Reports of the Health of Amoy. It is interesting as showing, amongst other things, how frequently what may be termed minor or localised manifestations of leprosy occur amongst those living in leprous districts.

This question deserves special interest at the present time, from the attention drawn to it at the Clinical Society by those who have suggested that certain paralytic and distorted conditions of the fingers may in reality have their origin in a leprous taint. Drs. Muller and Manson observe that leprosy may show itself by "anæsthesia of the skin without any apparent alteration of structure," "bronzing of the skin," "atrophy of muscles and anæsthesia of the superjacent skin generally on the hand and forearm, and associated with flexures of the fingers and great muscular power," &c.; and like facts are to be found in Dr. Reid's account of Hankow. In Drs. Muller and Manson's cases there were four attributed to infection; and these gentlemen say from their personal observation, and others testify to the same belief, that the conclusion that leprosy is not infectious has been arrived at too hastily—a view we entirely endorse, and one which we believe the College of Physicians will have to go into more fully presently. These clinical accounts of leprosy are important contributions to medical science.

Dr. Somerville, writing from Foochow, contributes some good remarks on the hygiene of seamen at that port, and recommends the adoption of a general system of medical inspection as regards men applying for shipment, in order to detect disease which is rife amongst them. There are likewise excellent reports on the physical condition of Pekin and the habits of the Pekingese, as bearing upon health, from Dr. Dudgeon, and from Dr. Jamieson on the "Health of Shanghai," &c. The latter gentleman records an epidemic of "wind-measles," which we imagine to be the "anomalous exanthem" or "rubeola notha" of authors.

It will thus be evident, from this cursory review, that the public medical work which is being done under the "scheme" of the Inspector-General of Customs at Pekin may "prove highly useful to the medical profession both in China and at home, and to the public generally." We congratulate Dr. Jamieson and his coadjutors upon the success of their endeavours hitherto.

EUCALYPTUS GLOBULUS.

SEVERAL inquiries having been made regarding the properties of a new drug obtained from the Eucalyptus Globulus, or Blue Gum-tree, the following information may prove interesting to our readers. The eucalyptus is a myrtaceous tree, a native of Australia, but recently cultivated in Corsica and South Europe. On account of its supposed efficacy in marsh and other fevers it has already gained the name of "Fever Tree" in Spain. Dr. Lorniser, of Vienna, reports that he employed it in the treatment of intermittent fever with success. Prof. Gubler has also strongly recommended this remedy in the *Bulletin de Thérapeutique* as a tonic and stimulant. It has also been used in bronchitis, and as an antiseptic application to wounds.

The eucalyptus has been subjected to extensive trial in Corsica by Dr. Carlotti, and his very favourable report has been translated into English. From this report we learn that the whole of this giant tree is strongly impregnated with febrifugal properties. He has used leaves, bark, and wood with success.

Professor Maclean, of Netley, has also furnished us with his experience of this drug in the October number of the *Practitioner*. Cigars made from the leaves of this plant have been employed in cases where the use of antispasmodic remedies has been indicated, and Dr. Maclean says, as the result of his experience at Netley, that he knows of no remedy, with the exception perhaps of the subcutaneous injection of morphia, so efficacious in allaying pain, calming irritation, and procuring sleep, in cases of chest aneurism involving pressure on the vagus or its branches, and in cardiac asthma, as the eucalyptus globulus. A tincture of the leaf has been used in two-drachm doses with success in Germany in the treatment of intermittent fever.

By a recommendation from the Minister of the Interior the eucalyptus was subjected to analysis by Professors Vauquelin and Leiciana. They obtained besides an essential oil containing eucalyptol or eucalypt-camphor, an extract resembling resin of cinchona. This extract yielded a substance capable of neutralising the strong acids, and forming crystalline salts. The sulphate crystallised in stars, like the quinine salt; this induced them to try the action of chlorine and ammonia on this substance, and the green coloration of quinine was instantly produced. It would be curious if quinine should be found in other trees than cinchonas. The oil has a lemon-yellow colour, but in other respects it strongly resembles cajeput oil. As its alkaloid and therapeutic uses resemble cinchona it has been given in similar doses.

The preparations made by Messrs. Savory and Moore are tincture, distilled water, solid extract, and fluid extract. The tincture contains its alkaloid, camphoraceous oil, &c. The distilled water is an agreeable vehicle for stimulants. The solid extract is for pills, and the fluid extract for mixtures, &c. They are all efficient modes of exhibiting the remedy. The dose of the tincture and fluid extract is a teaspoonful in water two or three times a day. The powder is given in the same doses as cinchona powder.

THE GENEVA CONVENTION OF 1864.

A LECTURE was announced to be delivered by Prof. T. Longmore, C.B., at the Royal United Service Institution on the 12th inst., on "The Geneva Convention of 1864, in relation to the aid afforded by Volunteer Societies to Sick and Wounded Soldiers during the late Franco-German War, with a glance at the proper functions of National Aid Societies, particularly the British Aid Society, in the future." Owing to indisposition, Mr. Longmore was unable to be present, and Prof. Maclean, C.B., who attended in his stead, read the lecture for him.

The lecturer explained that the Treaty of the Geneva Convention did not provide for the recognition of international help to wounded in war, and that the representatives of several of the European Governments had instructions to leave the assembly at Geneva if the claims of international volunteers to the rights of neutrals were passed. He stated that the amount of service derived from international aid during the recent war could only be explained by the peculiar circumstances of the war, the rapidity of the events, and the extent of territory over which the fighting occurred, rendering the authorities ready to accept help from any body who proffered it. Mr. Longmore is of opinion that the society for aiding wounded in time of war should be national, and not international, and that it should carry on its operations under the military authorities.

We are gratified to perceive the position assumed by us in regard to the Volunteer Aid Societies during the late war—a position that was, at the time, anything but popular—to be in accordance with the views of an officer of Mr. Longmore's military medical experience.

THE sum of £30, being the proceeds of a concert, was lately presented to the London Hospital by the K or Stepney Division of Police.

Correspondence.

"Audi alteram partem."

THE ROYAL ORTHOPÆDIC HOSPITAL.

To the Editor of THE LANCET.

SIR,—Without desiring at present to make any observations upon the events which have recently occurred at the Royal Orthopædic Hospital, which have been warmly condemned by the medical press and professional opinion, and as to which I shall shortly ask for an authoritative judgment, I feel called upon to notice the statement made by Mr. Brodhurst in a letter published in your journal of the 13th inst., that, "Prior to most of the Annual and Special Courts an active canvass for new governors has taken place." I can only say that I have no knowledge of any such practice, and that on no occasion whatever since my connexion with the hospital have I directly or indirectly been instrumental in making a single new governor for the purpose of voting at any Annual or Special Court.

I am, Sir, yours, &c.,

Henrietta-street, Cavendish-square, April 17th, 1872. WM. ADAMS.

To the Editor of THE LANCET.

SIR,—I should be obliged if you would allow me to supplement my letter to you of last week by the following statement.

I had no communication with the thirty governors whose votes are referred to in your leading article. The vote upon the Report of the Committee was taken by show of hands in a very crowded meeting; but as I know very few of these governors, and, indeed, I am acquainted with a small portion only of those who were collected in the room, even by sight, I could not attempt to say how they voted. This, however, I know, that some of these new governors were prevented from attending the meeting, and that some of those who came did not vote.

I find that there were present at the meeting not fewer than 104 governors, only thirty-three of whom voted against the Report of the Committee. But these represent considerably less than half the meeting if the thirty governors in question are deducted from the full number attending.

I am, Sir, your obedient servant,

Grosvenor-street, W., April 16th. B. E. BRODHURST.

LOCOMOTOR ATAXY.

To the Editor of THE LANCET.

SIR,—In reply to Dr. Hooper's criticism of my case of ataxy, I would remind him that I employed that term as being expressive of the most obvious symptom present, and not as implying that I considered the case to be one of tabes dorsalis. On the contrary, I thought it probable that the symptoms might be due to some sudden lesion of the central nervous organs, perhaps of the cerebellum.

I cannot accept Dr. Hooper's suggestion that the ataxy was the result of alcoholism, and this for several reasons. 1st. On account of the suddenness of its accession. Alcoholism is as little likely as Duchenne's disease to produce sudden ataxy, muscular power being retained. 2nd. Because there was no appearance of tremulousness of the hands or tongue. 3rd. There was no disorder of the digestive system. 4th. He did not appear to have been drinking freely at all recently. One of the reasons Dr. Hooper gives for his opinion is that improvement took place under the use of small doses of nitro-hydrochloric acid. I believe that few physicians would now-a-days base their diagnosis of the nature of a disease on the results of employing a particular drug, except perhaps in a very few instances. Many discard the notion of specific remedies altogether, and most will scarcely go further than to allow that quinine is a specific for ague, iodide of potassium for secondary syphilis, and perhaps bromide of potassium for epilepsy. And as each of these drugs will often produce striking results in various other diseases, the diagnosis of a disease simply from the remedy which appears to cure it must be accepted with the greatest caution.

I am, Sir, your obedient servant,

St. Thomas's Hospital, April 16th, 1872. F. POLLARD, M.D.

THE HANWELL ASYLUM.

To the Editor of THE LANCET.

SIR,—Some three months ago the office of resident medical officer of the female department at Hanwell fell vacant by the promotion of Dr. Lindsay to the medical superintendentship of the Derby Asylum. The Visitors advertised for a successor, but finding the candidates few and unsuitable, they invested the assistant medical officer with the temporary charge, which he still holds. Shortly after, the resident medical officer of the male department (Dr. Begley), after a service of thirty-four years, sought his long-needed retirement, and rumour asserted that, in the fortunate event of this double vacancy, the Visitors had under consideration a proposal to restore the office of medical superintendent of the asylum, last held by my late revered friend Dr. Conolly. I was myself in communication with a distinguished psychologist, who would have offered himself for the office, and whose election, I believe, would have done more than all the control and meddling of the Visitors will ever accomplish to restore to Hanwell its sadly tarnished renown. I admit I doubted the rumour. I knew well the tactics of the Hanwell Committee, and I was not surprised to see in this week's LANCET an advertisement for candidates to fill Dr. Begley's vacancy—in the old groove of limited authority and divided responsibility.

For years past it has been my practice to warn the many distinguished foreign alienists whom I have had the honour of receiving in England to avoid Hanwell, or, if they went there, to remember that it no longer followed the traditions of the founder of its fame. It is very sad that this chance of reverting to the old lines of one permanent medical authority should thus be lost, and I would fain ask your leave to record in the pages of THE LANCET my feeble protest against the ill-judged purpose of the Visitors again to repeat, with a new company of resident medical officers, their melancholy parody on asylum medical superintendentship.

I am, Sir, your obedient servant,

Athenæum, April 9th, 1872. M.D. CANTAB.

*** Our correspondent puts the matter rather strongly; but we fear there is too much truth in what he says. We have had occasion, when commenting on the numerous accidents to patients at Hanwell, to point out the evils which necessarily flow from the system of management which prevails there.—ED. L.

THE GENEVA CONVENTION.

To the Editor of THE LANCET.

SIR,—With reference to the Medical Congress of Lyons, noticed in your journal of the 6th inst., I trust you will do me the favour of giving publicity to the following facts, which bear on Nos. 2 and 3 paragraphs of "Third question" for discussion—viz., "On the relations between the head of an Ambulance and the Military Commander; and the relations between the Government Ambulances and those organised by the public."

Having had the honour of serving with the "British Ambulance" during part of the late Franco-German War, I experienced some difficulty in working under the Red Cross, the existing articles of the Geneva Convention of 1864 being either misunderstood or disregarded by contending powers; my object, therefore, in addressing you is, that the members of the British medical profession attending the Congress may be in possession of such slight information respecting the difficulties as my recent experience will afford them, which I hope may be of some assistance in defining the position and privileges of foreign ambulances with belligerents.

During the month of November, 1870, when supplies

were being forwarded to St. Germain for the use of the sick and wounded and staff of the Ambulance, they were prevented passing through the French outposts between Rouen and St. Germain, though under charge of an agent with the usual documents.

Proceeding with despatches to England from Director of Ambulance, and in possession of passport stamped "Braisard," order from officer commanding at St. Germain, I was not allowed to pass the German outpost at Nantes without an order from officer commanding at Versailles, and had consequently to make a journey of over seventy miles in order to obtain it.

Returning with despatches and funds from England for Director of Ambulance, and in possession of numerous documents of identification, I was refused permission to pass from Rouen to St. Germain, being informed that the English ambulance was accredited to the enemy, and was recommended to leave Rouen as soon as possible. I had therefore to select the route *vid* Brussels in order to reach St. Germain, a journey which took upwards of ten days, the route *vid* Rouen being only a few hours.

You are already aware of the differences which took place at St. Germain between the medical officers of the German army stationed there and the medical officers of the ambulance, in consequence of the interference of the former in objecting to the treatment of their sick in the hospital established by ambulance, the rule of their service being to have the entire supervision of their sick, a rule which I am sure all will agree is a good one. On this point I ventured to express an opinion, that ambulances should be officered by gentlemen who would give their services to the belligerents without reserve, and subject to their rules and regulation, or that small ambulances merely keep with forces likely to contend, and be ready to afford assistance after engagements, when help is most needed and welcome.

I have had many opportunities of witnessing the respect paid to the Red Cross, and the cordial reception given to the ambulance on arrival at Havre, but the instances stated above will serve to show that those who wished to render aid to the sick and wounded in the late war had difficulties to encounter which may possibly be prevented in future by friendly discussion at the Congress. Apologising for trespassing on your valuable time,

I remain, Sir, yours faithfully,
J. H. PORTER, Surg. 97th Regt.,
Late British Ambulance.

Mullingar, April 9th, 1872.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

To the Editor of THE LANCET.

SIR,—The observations you have made respecting the employment of Poor-law medical officers as health officers, in your last week's number, raise a question which I had thought had been effectually settled, not only by the Poor-law medical officers themselves, but by yourself, in previous issues of your journal. You now assert "that the plea of dependence will not be likely to raise them in the estimation of the public or of their employers." Now, I believe, no one has more thoroughly endorsed the expression of that belief in their dependence; and, to be just, no one has more energetically protested against the continuance of such dependence than yourself. The point is, does the measure now before Parliament tend at all to lessen the sense of that dependence? As far as I can learn, certainly not.

Mr. Stansfeld "proposes to take powers," to be subsequently exercised in such manner as the central department may determine, to employ district medical officers, as also health officers (it is true he gave a promise to reconsider that point last Monday week), leaving, however, the immediate authority over them in the same hands as before—viz., the Poor-law guardians; these latter being still supervised by Poor-law inspectors, whose numbers are to be indefinitely expanded by a fresh presidential creation, whilst the question of remuneration for the additional and onerous obligations sought to be imposed on the medical officers has been quietly ignored. It is now said they are to be paid, but who is to fix the stipend, and on what principles is it to be determined; possibly the central department will consider that a medical officer of health can be manufactured out of a Poor-law medical officer by the addition of £30 a year or so to his stipend, as at such a wealthy town as Scarborough, with its population of some twenty-five to thirty thousand. Will such sum, or even an advance upon it, be compensation enough to outweigh the risk to private practice, the certain loss of old friends, the very doubtful gain of fresh ones, and the not improbable loss of office altogether if too zealous in the performance of his duty? Depend on it social importance will not be sought after by any of the present staff at the price of social martyrdom, probably fixed at an annual wage less than that of a Dorsetshire agricultural labourer.

That Mr. Stansfeld means well and honestly his consistent political career proves conclusively. But his present official life has already lasted half the average period of a President's existence; we will therefore (if we can) get his intentions (modified as far as possible to suit our views) recorded in the statute-book, for we have no security that the next holder will tread in his footsteps; or if such should be his desire, whether that successor will have the moral courage to hold his own against the evil traditions of the department.

On most previous occasions the policy of the Association has been mainly guided by the London Council, but in the action taken recently the initiative has sprung from the country, and we have but followed the course that has been suggested to us by those we hold most capable of deciding what will be most beneficial or otherwise to their own interests; this, however, I may state, that upwards of a hundred letters have been received from provincial members, protesting against the action which has been taken by the department, these being quite independent of the large number of petitions I have received, and am still receiving, from all parts of the country. Yours truly,

JOSEPH ROGERS,
President of the Association.

Dean-street, April 16th, 1872.

MASTER AND SERVANTS (WAGES) BILL.

To the Editor of THE LANCET.

SIR,—I am glad to find mine surgeons are at last becoming alive to the importance of the Master and Servants Bill as affecting their interests. I know that in this country it will be next to ruin if the 6*d.* a fortnight is not allowed to be kept off at the colliery office as formerly. There is no compulsion in the matter at collieries in the county of Durham, it is simply a matter of convenience to both the doctor and the workmen; but the result would be, that if the money was not retained at the office, but had to be collected by a paid agent at the workmen's houses, the small payment would not be forthcoming, and the doctor would virtually be attending about one-third of the workmen and their families without any remuneration. I would therefore suggest that a meeting of colliery surgeons of the mining districts of England and Wales should be held as early as possible in their respective districts; there should be concerted action, and a deputation sent to London to see the framers of the Bill, backed by as many M.P.s as they can influence to accompany them, to get a clause inserted that will do justice to the hardest working of professional men in the kingdom.

I am, Sir, your obedient servant,
A DURHAM MINE SURGEON.

April 15th, 1872.

STRANGE COURSE OF A UTERINE SOUND.

To the Editor of THE LANCET.

SIR,—In April last year a note of mine appeared in THE LANCET on perforation of the fundus uteri by the sound, and another by Dr. M. Duncan on unnatural patency of the Fallopian tubes. I wish to substantiate my observation by informing those of your readers interested in uterine cases that I have now under my care two cases where the sound can be made to pass without any violence or harm into the peritoneal cavity. In one I believe there is a veritable fistula in the fundus, while the other may be such as first described by Dr. Duncan. The former I showed to my colleagues at the Women's Hospital last Saturday, and satisfied them of the fact of the perforation; and I intend to bring it before the Midland Medical Society at its next meeting. I am, Sir, yours, &c.,

LAWSON TAIT.

Birmingham, April 16th.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

THE opening of the new hospital at Bootle, which is now an independent borough, has been made the occasion of great rejoicing. The hospital contains thirty beds, but is capable of extension. It is officered by the staff of the Bootle Dispensary. It, in fact, replaces the latter institution. The Earl of Derby, who gave the land, and about a year ago laid the foundation-stone, attended, and formally opened the building. He was afterwards entertained at a luncheon by the Mayor and Corporation of Bootle, at which he made a very excellent speech on domestic sanitary measures. The new hospital was much needed, being in a neighbourhood which has become within the last ten years densely populated with the working classes.

At the Medical Society's meeting last Thursday, Mr. F. Lowndes brought under notice the scheme issued by the Obstetrical Society of London for the examination of midwives. After an animated discussion, a resolution approving the scheme and advocating its adoption in this town was agreed to. The class of midwives in this town are certainly no improvement upon their London sisters; their ignorance is great, and the difficulties in the way of training them have been to a very little extent overcome by the system which the committee and staff of the Lying-in Institution have for some time followed.

The sad death of Mr. Bickerton, the senior surgeon to the Eye Infirmary, has elicited general sympathy in professional circles as well as among his friends and patients. As an oculist he held a very high position, and, being a particularly skilful and neat operator, he attained a large success in ophthalmic practice.

April 16th, 1872.

IRELAND.

(FROM OUR OWN CORRESPONDENT.)

THE number of deaths from small-pox registered in this city for the week ending April 6th amounted to 44; of these only 22 occurred during the week, showing a slight decrease on that of the preceding week. The epidemic has been a severe one, no less than 581 deaths having taken place in the first quarter of the year. In Cork, 6 deaths took place last week, and at a meeting of the guardians lately held, it was stated that there were upwards of 500 cases of small-pox in that town, besides those undergoing treatment in hospital, and it was decided that the Poor-law Board, conjointly with the Corporation, should build a convalescent home for patients. The attention of the law officers of the Crown was also directed to be called to the statute giving power for the compulsory removal of persons suffering from contagious disease, with the view of having its provisions put in force in Cork.

A benevolent donor, who does not wish his name to be known, has just presented a cheque for £500 towards the funds of the Coombe Lying-in Hospital of this city.

On Saturday last at the Pathological Society several cases of interest were brought forward. One was a case of leucocythæmia, by Dr. J. H. Benson, in which the spleen weighed 6 lb. 10½ oz., and the liver 6 lb. 14½ oz. During life a large tumour was perceptible in the left hypochondriac region, and microscopical investigation showed that there were as many white as red corpuscles existing in the blood. The thymus gland was hypertrophied, measuring 2 in. long by 1½in. broad; whilst in the brain fully fifty distinct extravasations of blood, eight or ten being as large as a walnut, were found. Cerebral hæmorrhage has within the last couple of years been proved by the French pathologists to be a natural result of this disease, and not, as was previously taught, a mere coincidence. Dr. Little exhibited an interesting case of scirrhous cancer of the liver in a woman aged fifty.

At a previous meeting of the same Society, Dr. Foot showed a specimen of encephaloid sarcoma of the lung. One lung only was diseased, the other being perfectly healthy.

From the report of the Registrar-General for the quarter ended March 30th, I find that the births registered in Dublin during that period amounted to 2213, being equal to an annual ratio of 1 in 35, or 29 in every 1000 of the population, and the number of deaths to 2826, affording an annual ratio of 37 in every 1000. The principal causes of death were as follows:—Small-pox, 581; bronchitis, 418; phthisis, 327; convulsions, 148; fever, 105; heart disease, 94; scarlatina, 47; paralysis, 45; pneumonia, 40; hydrocephalus, 39; cancer, 37; apoplexy, 33; diarrhœa, 31; liver disease, 30; mesenteric disease, 28; croup, 23; measles, 21; kidney affections, 20; whooping-cough, 14; and 45 deaths resulted from violence, 6 homicidal and 2 suicidal.

Dublin, April 16th, 1872.

Obituary.

DR. THOMAS BARNES, F.R.S. EDIN.

THE father of the profession in the northern counties has passed away in this able and accomplished practitioner, who died on the 31st ult., at his residence, Bunker's-hill, near Carlisle. Dr. Barnes was born in 1793, at Dockray Rigg House, near Wigton, and while still in his teens was apprenticed to the late Dr. Joshua Rigg, the only medical practitioner in that town, and indeed in the district. His duties were of the multifarious character usual at that time—something between an assistant-surgeon, a horse doctor, and a grocer—which complex curriculum he exchanged for the more stringent *régime* of Edinburgh University, where he entered as a student of medicine in 1817. He spent two winter sessions there, and a summer session at the London Hospital, winning golden opinions from the teachers at both schools. In 1815 he took the diploma of the Royal College of Surgeons of London, after which he visited the hospitals in France and Germany. While a student at the Paris Faculty of Medicine he was present at the Battle of Waterloo, of which to his dying day he retained a vivid recollection. He revisited Edinburgh in 1816-17, and after nine months' attendance at hospital and class-room, he graduated M.D., his thesis (written, as was then the custom, in Latin) being "De Erysipelate." A professional vacancy occurring in Carlisle, he applied for it, more at the solicitation of friends than of his own choice, which was bent towards London. He was immediately appointed physician to the local dispensary, and in private practice made steady, if slow, advances as a consulting physician, a branch of the profession to which he strictly confined himself. Such was the reputation he thus acquired, that twenty-five years ago he stood alone as a consultant in the northern counties for sagacity in diagnosis, for effective treatment, and combined courtesy and firmness of demeanour. He was an accomplished horseman, and has been known to ride more than sixty miles a day; one morning surprising, before breakfast, a surgeon whom he had to meet in consultation, by trotting from Carlisle to Keswick. In spite of his large and increasing practice, he was a frequent and valued contributor to the medical journals and to general literature. Among his writings we may mention "Observations on Fever and Vaccination at Carlisle," in the *Edinburgh Medical and Surgical Journal*, vol. xv., 1819; "Cases of five Individuals in one Family having Small-pox twice," in the same volume; "Sketch of an Epidemic of Varicella," in vol. xc. of the same journal; "Account of William Dempster, who Swallowed a Table-knife nine inches long," in the *London Medical and Physical Journal* for 1824; "Case of Vicarious Menstruation with Discharge from the Ear"; "An Uncommon Case of Laborious Parturition"; and "A Table of Diseases treated at the Carlisle Dispensary from 1826 to 1827," all in the *Edinburgh New Medical Journal*; "Account of Mr. Robert Bowman of Cumberland, æt. 116"; and "Notice of Mary Noble, of the same county, æt. 107"; both in the *Edinburgh Philosophical Journal*, and both valuable contributions to the *quæstio vexata* of centenarianism; &c. Other papers of general scientific or antiquarian interest, published in the "Transactions of the Royal Society of Edinburgh," the *Penny Cyclopædia*, and elsewhere, show the versatility of his tastes and the energy of his mind. He was one of the earliest members of the British Medical Association, and was

elected a life member of the British Association for the Advancement of Science in 1864. As a public-spirited philanthropist he will long be remembered in the northern counties. Besides founding local hospitals and infirmaries, he was an active promoter of the Mechanics' Institute, of the Humane Society, and of the new cemetery of Carlisle. In 1849 he retired from professional work to his residence at Bunker's-hill, where his chief occupation became the county business thrust upon him by his appointment as a magistrate. These duties in time began to tell upon him, and a few years ago he gave himself up to the dignified leisure of an honourable and well-earned old age. His last illness, only of a fortnight's duration, overtook him in the full possession of his faculties, so that (seventy-nine as were his years) it may almost be said of him, that his sun went down while it was yet day.

WILLIAM ANDREW I'ANSON, M.R.C.S., L.S.A.,

OF NEWCASTLE-UPON-TYNE.

WE regret to have to announce the death, on April 4th, of Mr. W. A. I'Anson, at the age of fifty-six, who had been in the active practice of his profession as a general and parochial practitioner for thirty-five years, and who, at the time of his death, was senior surgeon to the Newcastle Poor-law medical service.

Mr. I'Anson was the witness of several visitations of epidemic disease in Newcastle, and of such may be notably mentioned that of cholera in 1853, when his kind services to the poor in that trying time were afterwards recognised by the inhabitants of the Westgate district of the town in the presentation of a valuable testimonial. Mr. I'Anson was much respected and esteemed by his numerous patients. As a man, he was remarkable for his thorough honesty of purpose, kindliness of heart and uprightness, and his greatest pleasure seemed to be, by any acts of sacrifice, to oblige or benefit a friend, professional or other. He was active and of strong constitution, yet under the pressing calls of a laborious practice his health gradually gave way, and for some months previous to his death he was compelled to relinquish his duties to his two sons, who were associated with him in practice. Notwithstanding, he bore his heavy trial with true professional courage and cheerfulness.

On the morning of his funeral business was suspended by the inhabitants in his immediate neighbourhood, and the large number of the profession, friends, and patients who followed his remains to the grave was a pleasing testimony to the regard which he had generated in the hearts of all classes of the community.

JOHN STUART, L.R.C.S.

THIS able and energetic practitioner died in London on the 16th ult., in his eightieth year. The scene of Mr. Stuart's professional labours was in the Borderland, where his success in practice secured him a wide and influential *clientèle*. When of about middle age he performed at the Kelso Dispensary upwards of thirty capital operations in succession, all of them terminating favourably—a feat which is seldom witnessed in the walls of such institutions. He was a favourite with his professional brethren of the whole Borderland, in whose houses he was always a welcome guest when called professionally to their neighbourhood. About twenty-four years ago, cataract in both eyes declared itself, and Mr. Stuart proceeded to London to have them treated. Several operations were performed on them without success, and advancing blindness was soon followed by failure of general health. He accordingly retired from active life and, *rude jam donatus*, spent his latter years in London in the residence of his only daughter, by whom his descent to the grave was filially smoothed. His remains were interred in the family vault in the cloisters as Kelso, all business being suspended during the funeral, at a mark of respect to his memory.

THE 44th Regiment of Native Infantry are said to have suffered severely from cholera on its return from the land of the Lushais.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At the meeting of the Council on the 15th inst. the following Member was elected a Fellow of the College:—

Allen, Robert Marshall, Deputy Inspector-General of Hospitals, Brackley, Northamptonshire.

The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on the 16th and 17th inst.:—

Alliott, Alexander J., Manchester.
Atkinson, John Charles, L.R.C.P. Edin., Kew-green, Surrey.
Bird, Cuthbert H. G., Brunswick-square.
Bird, George Gwynne, Swansea.
Birt, Ernest, Leamington.
Blake, Frederick G., Bristol.
Breeze, Richard Goodwin, L.S.A., Euston-road.
Coltart, William W., L.R.C.P. Lond., Liverpool.
Cooke, Thomas, L.R.C.P. Edin., Ashton-under-Lyne.
Coote, Michael, M.D. Laval University, Quebec.
Curtis, Arthur, Alton, Hants.
Dakeyne, Thomas E., Warslow, Derbyshire.
Eady, George I., L.R.C.P. Lond., Chertsey.
Emnis, Alfred Wilson, Ilminster, Somerset.
Evans, Francis Morse, Norwich.
Fayrer, Edward, L.R.C.P. Edin., Henley-in-Arden.
Hale, Charles D. B., Chepstow-villas, W.
Hemming, John Lamond, L.R.C.P. Lond., Great Portland-street.
Holmested, Perryman W., Bocking, near Braintree.
Jackson, Francis Edward, L.S.A., Chertsey.
Jones, Henry W., L.R.C.P. Edin., Dyffryn, North Wales.
Lawson, Thomas Cornelius, Kidderminster.
Lush, William J., Yarmouth, Isle of Wight.
Mahomed, Frederick H. H. A., L.S.A., Brighton.
Morrell, Robert Baker, L.R.C.P. Edin., Moulsford, Berks.
Purcell, James George, L.R.C.P. Edin., Mottram, Cheshire.
Ridley, James H. W., Gateshead.
Shemilt, George Richard, L.S.A., Tean, Staffordshire.
Taylor, Charles Lamb, Newark.
Ticehurst, Charles Sage, L.R.C.P. Lond., Hastings.
Tweedy, John, L.R.C.P. Lond., Stockton-on-Tees.
Wardale, Joseph A. W., L.S.A., Newport, Isle of Wight.
Williams, Henry, Nottingham.
Young, Thomas Frederick, Liverpool.

Seven other candidates were examined on the above days, but failed to satisfy the Court, and were referred for six months' further professional study.

The following gentlemen passed the primary examination in Anatomy and Physiology at a meeting of the Court of Examiners on the 11th inst.:—

G. B. Butler, R. T. Thomas, and R. T. Hales, St. Bartholomew's Hospital; J. M. Hobson, W. K. Johnston, and F. E. C. Hood, Guy's Hospital; J. Fowler, R. B. Miller, and R. F. Quinton, King's College; H. M. Lightoller, J. B. Parkinson, and F. Newsham, Manchester; W. V. Lindsey, St. Mary's Hospital; J. R. H. Lumby and E. Potts, Birmingham; P. Morris, P. B. Prinji, and H. Roberts, Glasgow; J. M. E. Scatliff, A. W. Scatliff, and W. H. F. Sandes, St. George's Hospital; J. E. Wood and F. Williamson, St. Thomas's Hospital: H. E. Walker, London Hospital; J. F. H. Ellerton, Leeds; C. Newman, Bristol.

Of the 107 candidates examined on the 9th, 10th, and 11th inst., 31 failed to satisfy the Court, and were referred for a period of three months' further anatomical and physiological study.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 11th:—

Sankey, Julius Ottaway, St. Bartholomew's Hospital.
Smith, Charles Wait, Jamaica, West Indies.

As Assistants in Compounding and Dispensing Medicines:—

Erison, William, Louth, Lincolnshire.
Henry, Edward Lawrence, Lewisham.

COLLEGE OF PHYSICIANS, IRELAND.—At examinations held on April 8th, 10th, and 11th, the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE.—John Claude Cormack, Christopher Fleming, John Lawler, Charles William McCarthy, Philip Huscared Skerrett, Richard Henry Sparrow, John Anstruther Melville Thomson, Walter Benjamin Woodward.

MIDWIFERY.—John Claude Cormack, Christopher Fleming, Charles William McCarthy, Richard Henry Sparrow, John Anstruther Melville Thomson, Walter Benjamin Woodward.

CHOLERA has entirely disappeared from H.M.S. *Daphne* since her arrival at Trincomalee.

DR. ALFRED CARPENTER has been placed on the Commission of the Peace for Surrey.

A STRANGE disease is said to have broken out among the dogs in some parts of Shropshire.

THE Annual Festival of the National Orthopædic Hospital, Great Portland-street, was held on Wednesday evening, the Marquis of Lorne in the chair. At the close of the proceedings subscriptions to the amount of £500 were announced.

BEAUMONT MEDICAL SOCIETY.—This Society, of which Dr. Andrew Clark is president, gave a very successful *soirée* in the Mile-end Vestry Hall on the evening of Wednesday, the 10th inst. Numerous objects of scientific and general interest were exhibited by the members and others, and the excellent band of the Queen's Own Light Infantry performed selections of music at intervals during the evening.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—On Friday, April 5th (Mr. J. M. Burton, president, in the chair), Mr. Sydney Jones read a paper "On some points in the Treatment of Nævi and other Vascular Aberrations." After briefly reviewing the pathology of the disease, and the different modes of treatment, the author strongly advocated the use of the actual cautery as a means of cure. The paper was illustrated by the reading of several cases, and the exhibition of the galvanic cautery under the management of Mr. Ellis, of St. Thomas's Hospital. Drs. Barnes, Carr, Gooding, and Purvis, and Messrs. Burton and Lockhart, took part in the discussion which followed. Dr. Stocker, of Peckham House, was unanimously elected a new member.

Medical Appointments.

BARRY, M. J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Attendant to the Royal Irish Constabulary, Littleton, Co. Tipperary, vice J. A. Walsh, L.R.C.S.Ed., deceased.

BIGGS, M. G., M.R.C.S.E., has been elected House-Surgeon to the Salisbury Infirmary, vice F. C. Bennett, M.R.C.S.E., resigned.

BLAIR, R., M.B., C.M., Junior House-Surgeon to the Preston and County of Lancaster Royal Infirmary, has been appointed Senior House-Surgeon, vice A. W. Smith, M.B., resigned.

BLYTHMAN, C. S., M.B., C.M., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Swinton District of the Rotherham Union, and Certifying Factory Surgeon, vice R. O. Blythman, M.R.C.S.E., deceased.

CHURCHILL, G. F., jun., M.B., F.K.Q.C.P.I., has been appointed an Assistant-Secretary to the Cow-pox Institution, Dublin, vice Sinclair.

COLEMAN, J. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for Division No. 1 of the Clonbur Dispensary District of the Oughterard Union, Co. Galway, vice E. M'Guire, L.R.C.S.Ed., resigned.

CUNNINGHAM, W. L., L.R.C.S.Ed., has been appointed House-Surgeon to the Paisley Infirmary, vice W. Lewis, M.B., resigned.

DAVIES, E., L.R.C.P.Ed., L.R.C.S.Ed., has been re-elected Medical Officer and Public Vaccinator for the Glyncorrwg District of the Neath Union.

DAVIES, H., L.R.C.P.L., M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for the Llansamlet District of the Neath Union.

DICKSON, G. T., M.B., C.M., has been appointed Junior House-Surgeon to the Preston and County of Lancaster Royal Infirmary, vice Blair, M.B., promoted to Senior House-Surgeon.

DIXON, H. E., M.R.C.S.E., has been appointed Resident Medical Officer to the Royal Sea-bathing Infirmary, Margate.

DYER, T., M.D., M.R.C.S.E., has been appointed Medical Officer for the Railway District of the Portsea Island Union, vice T. P. Simpson, M.D., M.R.C.S.E., resigned.

DWYER, J. O., L.R.C.P.Ed., L.R.C.S.I., has been elected Medical Officer and Public Vaccinator for the Scrooby District of the East Retford Union, Nottinghamshire, vice D. Knox, M.D., L.R.C.S.Ed., deceased.

HOLLAND, H. F., M.D., M.R.C.S.E., has been appointed an Hon. Assistant Medical Officer to the Royal Surrey County Hospital, Guildford, vice J. Morton, M.B., M.R.C.S.E., appointed an Hon. Medical Officer.

LAND, W. J., M.R.C.S.E., has been appointed Medical Officer for the Littleham District of the St. Thomas Union, Devon, vice W. H. Land, M.R.C.S.E., resigned.

LEESON, O., M.B., B.A., C.M., has been appointed Resident Physician and Medical Tutor to the Queen's Hospital, Birmingham, vice A. Stopford Underhill, M.B., C.M., resigned.

LLOYD, W., M.B., B.A., M.R.C.S.E., has been appointed House-Surgeon to the Carmarthenshire Infirmary, vice Chas. A. Brigstocke, M.R.C.S.E., resigned.

MARSHALL, F., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 1 of the Sudbury Union, and for District No. 8 of the Thingoe Union, vice Stanley, resigned.

MOORE, J. W., M.D., has been appointed, temporarily, Physician to the Fever Hospital and House of Recovery, Cork-street, Dublin.

NICHOLSON, R. C., L.R.C.P.L., L.R.C.S.I., has been appointed Medical Officer to the Gaol, Trim, Co. Meath, vice Thos. Wallace, M.R.C.S.E., deceased.

PARDOE, Mr. W. H., has been appointed Dispenser to the St. James's Union, Poland-street.

PRITCHARD, R. H., M.R.C.S.E., has been appointed Resident Assistant Medical Officer at the Township of Manchester Workhouse at Crumpsall, vice G. R. Brebner, M.B., C.M., resigned.

ROWE, L. R. H., M.R.C.S.E., has been appointed Medical Officer for the Shebbear District of the Torrington Union, Devon.

SEARLE, —, M.R.C.S.E., has been appointed House-Surgeon to the Wallasey Dispensary, Egremont, vice S. H. Macpherson, L.F.P. & S. Glas., deceased.

SINCLAIR, E. B., M.D., F.K.Q.C.P.I., has been appointed Secretary to the Cow-pox Institution, Dublin, vice H. L. Dwyer, M.D., deceased.

SMITH, H. L., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer for the Keadue Dispensary District of the Boyle Union, Co. Roscommon.

SMITH, W. J., L.S.A.L., has been appointed Medical Officer for the Rawmarsh District of the Rotherham Union.

SPENCE, R., M.B., has been appointed Medical Officer for Lochmaben, Dumfriesshire.

STONES, T., L.R.C.P.Ed., has been appointed Medical Officer for the Hazey District of the Gainsborough Union.

STONEY, P. B., M.R.C.S.E., has been appointed Medical Officer to the Hodbarrow Iron Mines, and the Cumberland Iron Mines and Smelting Works, Holborn-hill, Cumberland.

STOTHARD, Dr., L.R.C.P.Ed., M.R.C.S.E., has been appointed a Medical Officer to the Camberwell Provident Dispensary, vice G. Packle, M.D., M.R.C.S.E., resigned.

STRANGE, W., M.D., has been appointed Hon. Physician to the County Prison, Worcester, vice P. H. Williams, M.D., deceased.

TOTHERICK, J. Y., M.D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed a Physician to the South Staffordshire General Hospital, Wolverhampton.

Births, Marriages, and Deaths.

BIRTHS.

BARTLEET.—On the 12th inst., at Calthorpe-road, Edgbaston, the wife of T. H. Bartleet, Esq., of a son.

BULLOCK.—On the 9th inst., at Overtown House, Spring-grove, Isleworth, the wife of Henry Bullock, F.R.C.S.E., of a son.

FORREST.—On the 13th inst., at Abbotsford-place, Glasgow, the wife of R. W. Forrest, M.D., of a son.

MIDDLETON.—On the 14th inst., at Enniskillen, the wife of J. Middleton, M.D., 34th Regiment, of a son.

PHILPOT.—On the 8th inst., at Barton-on-Humber, the wife of F. Philpot, M.R.C.S.E., of a son.

THORNE.—On the 10th inst., at Waterloo-place, Leamington, the wife of Frederick Thorne, M.R.C.S.E., of a son.

MARRIAGES.

BRAYE—CASE.—On the 11th inst., at St. Nicholas Church, Great Yarmouth, Hardwick Hubert Braye, M.R.C.S.E., of New-road, Commercial-road, to Anna Mary, daughter of Philip Case, Esq.

HETLEY—BENN.—On the 10th inst., at the Church of the Holy Trinity, Whitfield, Frederick Hetley, M.D., of Upper Norwood, to Mary Ann, daughter of the late Captain Thomas Benn, R.N.

DEATHS.

BICKERTON.—On the 13th inst., T. Bickerton, F.R.C.S.Ed., of Mountpleasant, Liverpool, aged 45.

CRADDOCK.—On the 30th ult., on board the "Scotland," off Cape St. Vincent, W. Craddock, M.D., of Dhurmsala, Punjaub, and of the Bengal Army.

GUY.—On the 7th inst., John Guy, M.R.C.S.E., of Golden-square, aged 73.

HARVEY.—On the 14th inst., at Merton-road, Southsea, J. A. E. Harvey, M.D., R.N., aged 49.

MASTEN.—On the 8th inst., W. E. Masfen, M.B., of Stafford.

MONTGOMERY.—On the 9th inst., at Stapiehurst, Dr. Montgomery, aged 68.

TOFTS.—On the 6th inst., Henry Tofts, M.D., of Woking, aged 34.

WISDEN.—On the 12th inst., Wm. Wisden, M. & L.S.A.L., of Oxted, Surrey, aged 67.

Notes, Short Comments, and Answers to Correspondents.

THE INFECTION OF SMALL-POX.

An Inquirer.—The period of infection in small-pox cannot be fixed in days. It will, for one thing, depend very materially upon the severity of the case. The disease is probably most infectious during that stage in which its characteristic odour is observable; but it is certainly infectious beyond this and up to the completion of the scabbing process—that is to say until all the scabs have separated. It is probable that a patient after this period, who had been subjected to some baths and thoroughly purified, would not spread the disease; but we should always give a clear margin of several days after this before we allowed him to mix with other people. Of course we are not now speaking of the patient's clothing, which should either be destroyed at once, or baked and afterwards steeped in a solution of carbolic acid and exposed to the sun and air for several days.

CORRECTION.

To the Editor of THE LANCET.

SIR,—Oblige me by correcting the following errors of your reporter in the proceedings of the Pathological Society in your last number, page 508. I am made to say "that the cause of club-fingers might be explained by cold causing congestion of parts, and so leading to enlargement." I said that the parts clubbed, fingers and toes, were those most affected by cold, where the blood had more difficulty in rounding the extremities, and that in phthisis and in some other affections where the heart was feeble, the congestive condition of the fingers and toes, and subsequent increase, I thought might readily be explained. Again, I said that the case of intestinal obstruction occurred in the practice of Drs. Davis and Paddon, of Putney, and that I was only present at the autopsy.

Yours obediently,

Beaufort-street, Chelsea, April 17th, 1872. EDWARDS CRISP.

HOMES FOR THE POOR.

SIR SIDNEY WATERLOW, in his endeavours to obtain for the industrial classes proper and healthful dwellings, is, we think, right in waiving mere sentimentalism and taking his stand on broad commercial principles. It has been objected to his proposal that Parliament should compel the Board of Works to dispose of some of their surplus lands for tenement dwellings for artisans, that such limitation of the use of the land will lessen its value, whereas the Board is bound in the interests of the ratepayers to secure the best possible price. In reply, Sir Sidney argues that the loss arising from land lying waste for years, as is the case in various parts of London (to wit, Commercial-street in Shoreditch, Southwark-street, and the new Farringdon-road), to say nothing of the value of the rates and taxes which would have accrued had the sites been occupied by houses, furnishes a consideration more than sufficient to set aside that objection. With regard to the plaint that the labours of the Association for Improving the Dwellings of the Industrial Classes have not met the pressing want in the matter of house shelter of the very poor, Sir Sidney points to the indirect relief afforded to that class by the diminution of the competition for single rooms brought about by the erection of tenement dwellings for the class immediately above the lowest.

MILITIA SURGEONCIES.

To the Editor of THE LANCET.

SIR,—None are more willing to support militia surgeons in their endeavour to obtain compensation, where justly due, for loss of emolument under Mr. Cardwell's reorganisation scheme, than army surgeons. Indeed, it would seem that Mr. Cardwell himself, in his reply to Sir E. Lacon, is willing to consider any fair claim; but militia surgeons may rest assured that their real or supposed vested interests will not be allowed to delay much-needed reform in the formation of a proper medical reserve from the ranks of the Army Medical Department. It is clear as noon that henceforth the only portal for appointment to the medical staff of the militia will be through the regular medical service. The semi-civilian character of militia surgeons will gradually cease with the abolition of civilian fees for recruiting, and of payment by head-money. Assuredly this will be a step in the right direction, for, without any disparagement, can anything be more absurd and anomalous than the present method of appointment to militia surgeoncies in the face of the competitive and promotion examinations imposed upon, and the high special training demanded of, the regular army surgeon? The formation of a reliable medical reserve is indeed not the least pressing of Mr. Cardwell's arduous work of reorganisation. The authorities know very well that it would be impossible to suddenly mobilise the militia medical staff, as anyone can see by referring to the Medical Directory. Nine-tenths of militia surgeons are, of course, necessarily—for they must live—engaged in private practice; and quite two-thirds are, in addition, pluralists, holding one, two, or even three local public appointments—as follows: coronerships, surgeons to hospitals and gaols, police, reformatories, unions, dispensaries, infirmaries, railway and large public companies, health offices, and public vaccinatorships. Some even hold volunteer as well as militia commissions.

"A Militia Surgeon of *over* Twenty Years' Service" (by the way, how can he be that, seeing the militia were only resuscitated in 1852?) coolly proposes in your columns that he and others should be appointed to the charge of the depôt centres. He either forgets or ignores the existence of a vast Army Medical Department, the members of which are alone entitled to hold such important regular appointments. Foreign service now presses grievously on army surgeons, but this gentleman would apparently not mind consigning them to perpetual tropical exile, provided he could get the home appointments.

The anomalous relation between the regular and the militia medical officer ought to be terminated as speedily as possible, instead of being in any way perpetuated. Both will now be brought much together in camps, depôts, and manœuvres; and I will illustrate by the following example, taken strictly from the Army List and the Medical Register, how incongruous the relationship of the two is. Assistant-Surgeon A——, regiment of the line, fourteen years' service, entered by competition; served in the Mutiny, China, or New Zealand campaigns; has passed for promotion, but is one of the unfortunates—still a departmental subaltern, tredging sadly and wearily in the rear of his regiment during an autumn manœuvre, footsore, jostled, and bullied. Surgeon B——, regiment of Militia, who got his diploma in 1869, was appointed, without further examination, by the favour of a Lord Lieutenant, assistant-surgeon to the regiment in 1870, and became the surgeon thereof in 1871, rides past Assistant-Surgeon A—— in the uniform of a field officer, while the assistant thus soliloquises: "Well, there goes a senior officer, now that we all have Queen's commissions. When I was undergoing all the dangers of the Mutiny fifteen years ago that surgeon on horseback was a little boy at school; but compare us now, in spite of all the regulations about promotions and test examinations." This is no mere fancy, but practically took place last autumn, and will undoubtedly do so again this year.

Your obedient servant,

April, 1872. X.

INFECTION OF MEASLES.

To the Editor of THE LANCET.

SIR,—In THE LANCET of March 16th I see a letter from Dr. Morgan, of Caernarvon, on the question whether measles is infectious during the catarrhal stage. Having just had an epidemic in St. Ann's Schools here, I think I can safely answer the question in the affirmative.

Exactly eleven days from the return of the children after their Christmas holidays one boy was attacked with the premonitory symptoms of measles. He was immediately separated from the other children before any eruption appeared. Just twelve days afterwards several other children were attacked in the same way. Now, as this boy was isolated before and during the whole of the eruptive period, the other children must have caught it from him during the catarrhal period. I may add that I had altogether over sixty cases in the school in a little more than three weeks.

Your obedient servant,

Streatham-hill, S.W., April 8th, 1872. GEORGE HARRISON.

P.S.—It is of course possible, but not probable, that the second batch of children may have caught the disease by external contagion.

EFFECTS OF METEOROLOGICAL FACTS ON INSANITY.

THE REV. T. E. CRALLAN, M.A., chaplain to the SUSSEX County Lunatic Asylum, has been attempting during the last four years to trace any possible relations that may exist between meteorological facts and the mental and physical conditions of the insane. He states that the accessions of epileptic fits have, as a very general rule, been preceded or accompanied by considerable alteration in atmospheric pressure, or solar radiation, or both; and he is led to the inference that it is not the moon but the change in the weather which directly affects epileptic patients. So far as his observation goes, he concludes that any marked change of atmospheric pressure, solar radiation, or both, either in the same or contrary directions, is almost certain to be followed by an increased number of fits among the epileptics, or by a development of mania or melancholia. Sometimes all three forms of disease are augmented at once, sometimes only one; and it is deserving of notice that very often the maniacal and melancholic patients seem to be affected in opposite ways, the latter being well when the former are excited, and the converse.

Eucalyptus.—Our correspondent's communication has not been forgotten, as he will perceive by the present number of THE LANCET.

A MONSTROSITY.

To the Editor of THE LANCET.

SIR,—After reading the case of Dr. *Joy* in your impression of April 6th I thought the following case might be of some interest to the profession.

I was called on Saturday evening last to a woman said to be in labour. When I reached the house I found that the patient had had considerable flooding, and that a fœtus of about the fifth month had been expelled. The placenta shortly afterwards came away. I did not then examine the fœtus; but on reaching home I examined it with my friend Mr. Scott, on account of whose absence I attended the case. We then found it to be a monster, having two heads, four upper extremities, with only one body, and two lower extremities. The faces looked towards each other, and slightly forwards. There was a groove on the front, and one on the back, showing where the division should have been between the bodies. This groove was deepest at the upper part, and was gradually lost about half way down the thorax. The ribs seemed to be continuous from one body to the other, for when you moved the rib on one body it moved the corresponding rib of the same side on the other body. The vertebral columns did not seem to unite anywhere, for one of them seemed to terminate in the abdomen, slightly in front of the vertebral column of the other. The lower extremities, from their position in relation to the vertebral column of one of the bodies, seemed to belong to that body; but one of them looked forwards, the other backwards, and they were not of the same length. The body whose vertebral column seemed to terminate in the abdomen of the other did not seem to have had any lower extremities at all. I have not made a dissection, so I am not able to say positively whether the vertebral columns did not really join. Altogether I think it rather a peculiar case, and one that would have given trouble had the woman gone on to the full time.

I am, Sir, yours very truly,

P. DOYLE, M.D.

Cramlington Cottage, Northumberland, April 9th, 1872.

A Dupe had better consult his solicitor in the matter. We are really at a loss to conceive how men of education can be so credulous as to believe all that the class of persons to whom our correspondent alludes say of themselves. Their object, *one* would imagine, must be transparent enough.

Mr. Fortescue Jordan's request shall have attention.

DIAGNOSIS OF CAUSES OF APOPLEXY.

To the Editor of THE LANCET.

SIR,—In the remarks on difficulties in the diagnosis of the causes of apoplexy, by Dr. Hughlings Jackson in THE LANCET of April 13th, he points out the difficulty of diagnosing between cases of coma arising from drunkenness and that arising from cerebral hæmorrhage. Would not the thermometer aid us? I think it would. I have had no opportunity myself of trying it in the human species; but I know from experiments that I have myself made, and from others that I have seen made by Dr. Richardson, that the temperature of animals rendered somatose by alcohol is always below the normal, often *very much so*; and I see no reason to doubt that it would be the same in man. Cerebral hæmorrhage, on the other hand, would not be marked by a lower temperature than the normal one.

I am, Sir, yours truly,

Mortlake, April 15th. WILLIAM MARSHALL, M.D.

L.R.C.P.I.—No public announcement has as yet appeared, but we believe it probable that there will be an examination for the British and Indian Medical Services.

"DEGREES AND DEGREES."

To the Editor of THE LANCET.

SIR,—I think it should be publicly known that all holders of spurious degrees, whether theological, scholastic, or medical, are liable to heavy penalties for defrauding the Inland Revenue out of the charges which are levied on stamp duties. The diplomas, although utterly valueless, still render the possessors amenable to prosecution. Perhaps this hint may expedite the fools who buy such rubbish in consigning their worthless honours to immediate destruction. Your advice to put them behind the fire at once may save the holders from a public prosecution. I should like to see the matter taken up. I hear the *exposé* already given has made many quake and tremble with fear, wondering what will turn up next. Why not publish a list at once. There is one annexed to a trashy publication, issued monthly, and which is edited by an itinerant anti-vaccinator. I always thought there were fools in the world, but I never imagined there were so many.

Yours faithfully,

April, 1872. INLAND REVENUE.

P.S.—The heads of the office have these transactions referred to them, and their opinion will soon be confirmed by immediate action against the unprincipled dupes and offenders.

BROMIDE OF POTASSIUM.

IT has been said that the prolonged use of bromide of potassium was injurious to the economy in many ways—notably that it caused loss of memory, diminished the appetite, reduced the weight of the body, and even predisposed to phthisis. With a view of satisfying themselves on these points, the following observations were made by the medical officers of the Sussex County Lunatic Asylum, Haywards Heath. Ten patients, four females and six males, were ordered the bromide, in doses varying from twenty to forty grains, three times a day. Their weights were taken weekly, and the effects carefully noted. It would appear from these observations that, when the bromide is given in doses not exceeding one drachm daily, it almost invariably increases the weight of the body; and that even where this dose is doubled the weight need not necessarily diminish, but rather that the chances are in favour of its increasing. The appetite was never impaired, and the functions of the secretory and excretory systems were not perceptibly affected in any instance. As regards the alleged failure of memory, no opinion could of course be formed from observations derived from insane patients; but the medical officers from whom we are quoting state that they have not, in their experience of the remedy, had any evidence in support of such a view.

RECRUITING.

To the Editor of THE LANCET.

SIR,—I observe without the slightest astonishment a suggestion by the Inspector-General of Recruiting that, as short service becomes more general, it may be questioned whether the stringency of medical examination may not be a little relaxed. Admiring Sir C. Trevelyan and the disciples of his school of military reform, I could not but agree with him in the conclusion—which, indeed, was logically inevitable—that the system of short service in the army would be followed by the introduction of a better class of Englishmen into it. But I may take credit to myself, as foreseeing that the new recruits would be probably superior to the old long-enlistment men rather in their intellectual than in their physical development. It required both an exaggerated imagination and an abnormal gullet to swallow the golden promises of the army reformers; and it seemed to me likely that some peculiarity of mental excess or physical debility would be traceable in the youth of England who would flock to the standard, anxious to serve their country for less than the current rate of wages and without a hope of pension. It seems that my fears had some foundation, and that it has been necessary to lower the standard to obtain a sufficiency of men. But lowering the standard is one thing, and relaxing the stringency of medical examination is quite another. I hope you, Sir, will set your face and exert your influence against any operation of this kind until the nature of the operation is well and exactly defined. I respect the members of the Army Medical Department, one and all, from the Director-General to the assistant-surgeon. Few men do better work for less pay. And I would trust each separately; but I dread a "department"; and the closer a department is the worse it is, until, like a corporation, it has neither a body to be kicked nor a soul to be saved. Even now the Medical Department may be said to be a very small body of men in Whitehall-yard, and it is possible that in some future years these men might be weak enough to lend themselves to the views of army reformers or non-reformers, and sacrifice their independence even so far as to sanction the relaxation of the strictness of medical examination without defining the limits of the relaxation. I must confess to a wish that all matters of this kind should be as little departmental and as much public questions as possible. They are questions in which all England is concerned, and on which every educated medical man is qualified to have an opinion. It is only in the pages of such papers as THE LANCET, and others devoted to the profession, that they are ever likely to be brought before the public at all. I think, if the relaxation should take place, it should be founded on a revision of the reasons for disqualifying recruits. Abolish, if you like, some of the disqualifications, and let such relaxations have the benefit of public discussion in medical journals. Common sense is the most valuable of all senses, and is not confined even in army matters to army departments. Look over the list of causes of rejection, and if any of those enumerated are too exclusive, abolish them; but, for the sake of the army, do not permit of *temporary relaxations* of existing medical regulations. In time of parliamentary panic it would simply result in the ranks being filled in a hurry with *modified* cases of hernia and *incipient* blindness and *partial* deafness, until we had an army of cripples unable to fight, with nobody to blame for it, unless indeed the doctors, for exercising an injudicious relaxation of the stringency of medical examinations.

I am, Sir, yours obediently,

April, 1872. CYCLOPS.

Young Practitioner.—We would suggest that our correspondent advise his patient to discontinue the use of tobacco altogether; but there probably has been some other cause in operation at the same time.

J. M. had better apply to the inventor, who would, we doubt not, be glad to furnish the information.

H. J. (North-street).—We are not aware that it is illegal if it can be done.

REMOVAL OF LUNATICS.

To the Editor of THE LANCET.

SIR,—I have a patient here who has been out of his mind these last two months or more (mania). I signed a certificate for his removal, but for some reason the clergyman of the place would not sign it. Since then he has been very bad indeed, going and hiding himself in dark closets, and behaving himself in a way that it is neither safe for himself nor for any other person to be beside him. I reported the case to the Chairman of the Lunacy Board in London, but got from him no answer. All the friends of the patient are now anxious about him. Can I do anything more for him? He is in a club of mine here (Odd Fellows), and I must attend him; but I feel I am neither doing him, his friends, nor myself justice in the matter.

I am, Sir, yours very truly,

Radstock, April 2nd, 1872. W. STUART MUNRO, M.D.

*** This man should be taken before another magistrate. There is no accounting for clergymen's crotchets any more than for their notions of justice.

PAUPER SICKNESS.

A PARLIAMENTARY paper issued on Wednesday last shows the number and ages of the paupers on the relief-books of the district and workhouse medical officers, with the nature of the ailments under treatment, "on the last day of the twelfth week of the half-year ended at Lady Day, 1870." As this document consists of over four hundred pages of figures, and as anybody who wants to get at the general results must labour in his own behalf, for the official compilers have not rendered this trouble unnecessary, we are only able at present to state that on the day in question there were, out of an aggregate of 998,964 paupers, 158,576 in workhouses and 840,388 receiving out-door relief. Of the in-door paupers, 46,922 were on the books of the workhouse medical officers, thus classified: Medical cases—acute, 7939; chronic, 31,418. Surgical cases—acute, 2779; chronic, 4786. There were altogether 106,323 cases on the relief-books of the district medical officers—namely, 39,483 acute and 54,113 chronic medical cases, and 6114 acute and 6644 chronic surgical cases.

LOCAL TREATMENT OF SMALL-POX.

To the Editor of THE LANCET.

SIR,—From the number of my correspondents from all parts of England it is evident that the "local treatment of small-pox" savours of something practical, and that hardworking general practitioners think it worth their while to add to their daily fatigue by writing to a suggestor of new treatment. I know what this eternal round of daily overwork means, and appreciate the letters I have received as a proof of the eager anxiety to learn how to treat disease. By all means, let Mr. McClure's suggestion be carried out. Let a patient have one-half of his body rubbed thoroughly and unsparingly until the medical attendant thinks the disease checked upon that side, and the other left alone. It would be impossible that a strong application like liq. calc. sulph. should be applied over a variolous eruption, and *no effect ensue*. My partner and myself can, at any rate, with remarkable modesty, lay claim to having treated the eruption with smaller respect than has hitherto been attempted, and *scoured* the whole body of a variolous patient with a semi-caustic lotion, with (as we say) great benefit, and we have done this where the eruption ran one spot into the other *over the whole body*. Did you ever do this, Mr. Editor, or know of anyone having done it? And if not, is it not worth notice?

Again I urge a "local treatment of variola," whether by liq. calc. sulph. or any other application, and beg my medical friends to try to treat the local disease. If the constitutional symptoms are checked by a *general* application *over the whole body*, it must not be taken that the *semi*-application will check constitutional symptoms, although, of course, it will show an undoubted difference in the progress of the eruption.

In concluding, Sir, I hope you will encourage a local treatment of local symptoms in variola.

I am, Sir, yours very truly,

Charlotte-street, Hull, April 7th, 1872. HENRY CARNLEY.

A Militia Surgeon.—Nothing definite has yet been announced. We think it probable that vested rights will be considered.

Diogenes.—We know nothing as to the respectability or otherwise of the firms mentioned by our correspondent.

ABNORMAL ACTION OF CHLORAL HYDRATE.

To the Editor of THE LANCET.

SIR,—I consider the following worth recording:—I had been attending Mrs. S—— (aged about twenty-eight years) for three weeks. She was suffering from a severe attack of rheumatic fever. She, however, was nearly convalescent by means of the usual treatment. On account of some restlessness I was induced to give her a drachm dose of solution of hydrate of chloral at bedtime. The solution was of the strength of one grain of the hydrate to two minims of solution. I had given her the same dose in the early stages of her illness with great benefit. She, however, had scarcely swallowed the draught when she broke out into a cold perspiration; this was followed by acute pain in the muscles of the back, dimness of sight, palpitation of the heart with slight pain, twitching of the muscles of the thighs, spasmodic contraction of the hands, and also, most singular of all, opisthotonos. The spasms were, however, intermittent. There was also difficulty of breathing. All these symptoms lasted about three hours, and then passed off in sleep, and she was better in the morning. The opisthotonos and spasms were so well marked as to lead her husband to fear some mistake had been made with strychnia. I allayed his fears, however, and ordered her a little brandy; I also applied a mustard plaster on the back and cardiac region. I may mention that the urine was nearly suppressed. I consider the case curious, and worth some investigation.

I am, Sir, yours obediently,

Leeds, April 2nd, 1872. H. A. ALLBUTT, M.D., L.R.C.P. Ed.

Dr. Rattray (Portobello).—Our correspondent's communication arrived as we were going to press.

B. C. D. had better consult his solicitor on the matter.

A STYPTIC "CUBL-PAPER."

To the Editor of THE LANCET.

SIR,—I desire to introduce to the notice of the profession a styptic paper which I have found useful, and which has been successfully used by several friends in this neighbourhood. It is prepared by Messrs. Cutting and Son, of Leamington, from directions furnished by me. Sheets of household paper, of moderate thickness, are steeped in a solution of tannin, of such strength that each sheet is impregnated with two grains, and then dried in the air. I have found them most useful in cases of external hæmorrhoids, used as closet-paper, a portion being placed in the cleft of the anus after each use; also in excoriations around the anus caused by the acid discharge of diarrhœa in children. They form a ready styptic for stopping the bleeding from leech-bites, and in superficial excoriations from blows or falls. Many other modes of application may occur to your readers.

Yours faithfully,

Leamington, March 27th, 1872. JAMES THOMPSON, M.B., M.R.C.S.

A Doubter.—Chlorate of potash is a very useful remedy, but the quotations given concerning its uses and efficacy are more suggestive of quackery than of scientific judgment.

We have a notice in hand concerning Dr. Alfred Carpenter and the Croydon Board of Health, but are compelled from want of space to postpone its insertion until next week.

A Registered Practitioner and Subscriber (New Zealand) has our thanks. We were not, of course, aware of the facts stated by our correspondent.

Mr. S. P. Shaw is thanked for his communication. He will see that the subject is referred to elsewhere.

A "HOSPITAL SUNDAY" FOR LONDON.

To the Editor of THE LANCET.

SIR,—Your recent admirable editorial remarks on the above interesting subject constrain me again to beg that all interested in hospital management should seriously consider some plan to commence "Hospital Sunday" in London. The provinces beat us hollow in that direction. In numerous large towns in England collections are made by magic for our medical charities. Christianity controls collections for such noble institutions; London is nominally Christian; where, then, is the hitch which prevents a corresponding collection on a given Sunday in every place of worship ten miles round St. Paul's? What benefit would accrue from such simple agency. How many hospitals, now working from hand to mouth in saving valuable lives, and relieving and curing diseases, would bless such a combination of religious effort.

Imploring the friendly interest of the profession generally, and all who are philanthropically inclined, to press the matter into shape and action at once,

I am, Sir, yours truly,

GEORGE REED.

Great Coram-street, Russell-square, W.C., April 9th, 1872.

A Practitioner will find the third edition of Hartshorne's "Essentials of Medicine" suitable, which he can procure of Messrs. Trübner and Co., 60, Paternoster-row.

Dr. Philip C. Hayman.—Every district will be compelled to appoint a medical officer of health if Mr. Stansfeld's Public Health Bill become law.

A Subscriber (Colinsburgh) may apply to Messrs. Savory and Moore, New Bond-street, of whom he would probably obtain the information.

Senectus.—We agree with our correspondent, and regret that medical men should be so facile in giving testimonials.

Nemo.—The debts of the deceased must be paid out of the estate.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. J. L. Clarke; Lord Mahon; Mr. William Adams; Mr. Lawson Tait, Birmingham; Mr. Brodhurst; Dr. Aveling; Mr. K. Wood, Oakham; Mr. Brookhouse, Dolgelley; Dr. Burney Yeo; Mr. Caton; Mr. Charles, Ripon; Dr. Marshall, Bath; Mr. Bennett, Nuneaton; Mr. Miles, Stockton; Mr. Poole; Dr. Davis, Mountain Ash; Mr. Holland, Bury; Mr. Douglas, Peterhead; Mr. Wallis, Pontypool; Mr. Giles, Leigh; Mr. Donaldson; Mr. Cowen, Exeter; Mr. Deighton; Mr. Chaffers, Keighley; Dr. Rogers; Dr. Hayman, Exmouth; Mr. Barwell; Mr. Davidson; Mr. Cooke, Ormskirk; Dr. Nicol, Bradford; Mr. Ambrose, Dewsbury; Mr. W. Knox, Sheffield; Mr. Bevan, Gloucester; Dr. Edwards Crisp; Dr. Rolf, Gateshead; Dr. Masson, Leghorn; Dr. Sheppard, Colney-Hatch; Mr. Gull; Mr. Bacon; Mr. Harrison; Mr. Griffiths, Llandudno; Mr. Woodleigh; Dr. Pollard; Mr. Martin, Bury St. Edmunds; Dr. Williams, Guildford; Mr. Anderson; Mr. Brookman, Edinburgh; Mr. Chambers, Glasgow; Mr. Young, Shrewsbury; Mr. Jones, Pocklington; Mr. Wilkinson, Faversham; Mr. E. Powell; Mr. G. Fenton, Dr. Munro, Radstock; Mr. De Witte, Strasburgh; Dr. Sumpter; Mr. Aird, Stirling; Mr. Jones; Mr. Craster, Winchester; Mr. Dennison, Mansfield; Dr. Kerr, Canton; Mr. Hillman, Norwich; Mr. Hardy; Dr. Pearse; Dr. Shearman, Rotherham; Mr. Macrae; Dr. Jeaffreson, Newcastle-on-Tyne; Dr. Blythman, Swinton; Mr. Sands, New York; Dr. Hyslop, Church Stretton; Mr. T. Piper; Mr. Caldwell, Liverpool; Mr. Stoney; Mr. White; Mr. Robinson; Mr. Pardoe; Mr. Isaacs; Mr. J. Caldwell, Shotts, N.B.; Mr. Patterson; Mr. Buckley; Mr. Farrow; Dr. Marshall, Mortlake; Dr. Thompson, Vevay, Indiana; Dr. Smith, Shepton Mallet; Dr. Stewart; Dr. Fraser, Edinburgh; Dr. Eddison, Leeds; Mr. Wooding, Caterham; Mr. Watham; Dr. Pollock; Dr. Singleton, East Melbourne, Victoria; Mr. Torrance, Matfen; Mr. Brocklehurst; Mr. Reid; Mr. Jervis, Camborne; Messrs. Black, Edinburgh; Mr. Westall; Mr. Anderson, Plymouth; Mr. Carter, Exeter; Dr. Vecten; Mr. R. Petch; Dr. Doyle, Cramlington; Mr. Phillips; Mr. Austin; Mr. Craven, Reading; Sir John Bennett; Dr. Blair, Preston; Mr. C. E. Dowie, Highgate; Mr. Cater, Framlingham; Mr. T. Morton, Ware; Mr. Crampton; Mr. J. Heaton, Cowes; Mr. Paterson, Spalding; Mr. Morgan; Mr. Boyce; Mr. Thorburn, Wakefield; Mr. Field, Lynn; Mr. Taylor, Belfast; Mr. Cule; Mr. Furley, Edinburgh; Mr. Milburn, Sibford; Mr. Davy; Dr. Woodward, King's Lynn; Dr. Hyman, Falmouth; Dr. Phillips; Dr. Massey, Nottingham; Mr. Acton, Tring; Militia; A Doubter; Senectus; M. D.; J. A. W.; A Sufferer; Nemo; R. C. D.; A Registered Practitioner, New Zealand; Diogenes; Militia Surgeon; &c. &c.

Exeter Gazette, County Express, Original Llandudno Directory, Parochial Critic, Dundee Advertiser, Liverpool Daily Courier, Elgin Courant, Spiritualist, Preston Herald, Liverpool Daily Courier, Philadelphia Medical Times, Lancaster Examiner, Western Mail, County Express, Montrose Review, Report of the Hospital for the Insane, Halifax, Nova Scotia, Scarborough Express, Metropolitan, La Independencia Medica, Chelmsford Chronicle, Scarborough Gazette, and *Wiener Medizinische Zeitung* have been received.

Medical Diary of the Week.

Monday, April 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. Prosser James will show a new description of Spray Atomiser.—Mr. J. Astley Bloxam, "On Cystic Disease of the Breast, with two specimens in the Female and one in the Male."—Dr. Temple, "On Diphtheria."

Tuesday, April 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Guy: "Statistics, Social Science, and Political Economy."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. C. T. Williams, "On the Results of Warm Climates in the Treatment of Pulmonary Consumption as exemplified by an analysis of 251 cases."

Wednesday, April 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
HUNTERIAN SOCIETY.—8 P.M. Mr. Sydney Jones, "On some Cases of Joint Disease appropriate for Excision."

Thursday, April 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Tyndall, "On Heat and Light."

Friday, April 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
ROYAL COLLEGE OF PHYSICIANS.—8 P.M. Dr. Fraser, "On the Antagonism between the Actions of Active Substances."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Tilbury Fox will exhibit a patient suffering from Lepra Anæsthetica.—Dr. Anstie, "On a Case of Lepra Anæsthetica."—Dr. Andrew, "On a Case of unusual Daily Range of Temperature, associated with Vegetations on Mitral Valve and Infarctus of Spleen";—and other papers.
ROYAL INSTITUTION.—9 P.M. Professor Blackie, "On the Genius and Character of the Modern Greek Language."

Saturday, April 27.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. R. A. Proctor, "On the Star-Depths."

NOTICE TO SUBSCRIBERS.

POST OFFICE NOTICE.—The following notice has been issued from the General Post Office, dated the 8th inst.:—"As a large number of newspapers addressed to places abroad, prepaid only with a single rate of postage, although exceeding four ounces in weight, continue to be posted in all parts of the United Kingdom, it is necessary again to remind publishers, newsvendors, and the public generally, that every newspaper intended for transmission through the post to any foreign country or British colony is liable to a separate rate of postage for every four ounces or fraction of four ounces, and that if this postage be not fully prepaid the newspaper cannot be sent forward."

*** In calling attention to the above paragraph, the Publisher would remind subscribers purchasing copies of THE LANCET for transmission abroad that the Foreign Edition printed upon thin paper is under four ounces in weight and should in all cases be asked for from the news-agents.

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For 7 lines and under	£0	4	6	For half a page	£2	12	0
For every additional line	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

Henry Watson & Co., Wine Merchants.

Established 1842.

Sherries, dry, pale, or gold	... ...	20s., 24s., 28s.	per doz.
Ports of various ages	... ...	22s., 26s., 30s., 36s., 42s.	„
Champagne	... ...	...28s., 36s.; first brands, 60s.	„
Pure Medoc Clarets	... ...	12s., 15s., 18s., 24s.	„
Finest Old Cognac Brandy	... ...	56s.	„

Four dozen carriage free to all stations. Sample bottles may be had.

Address—16, CLEMENT'S LANE, CITY.

AULDANA VINEYARD OFFICE,
Mill-street, Hanover-square, London, W.

Auldana Wines.—Notice.—

Mr. PATRICK AULD begs to inform the Public that he has long ceased to consign to Messrs. Leigh and Apps Smith, of No, 150, Fenchurch-street, London, any portion of the produce of his Vineyards, known as the Auldana Vineyards, South Australia, and that his Wines are obtainable in London at present only at the above address, where the business is now being carried on under Mr. Auld's own immediate care and management.

October, 1871.

OLD MARSALA WINE

Guaranteed the finest imported; free from acidity or heat, and much superior to low-priced Sherry. One Guinea per dozen. Bronte Madeira, a full, soft, golden Wine, 30s. per dozen. Mazzara, a stout, brown Wine, with Sherry character, 28s. per dozen. 3 dozen and upwards carriage free by rail to all England and Wales. For highly favourable opinion of W. D. WATSON'S Old Marsala Wine, see *British Medical Journal*, Dec. 28th, 1868; *Medical Times and Gazette*, No. 770, April 1st, 1865. p. 346; or Dr. Druitt's "Report on Cheap Wines," p. 174.

W. D. WATSON, Wine Merchant, 373, Oxford-street (entrance in Berwick-street), London, W. Established 1841.

Kinloch's Catalan.

"Crown" Red Catalan	20s. p.doz.	}	Bottles included.
"Crown" White „	20s. „		
"Diamond" Red „	17s. „		
"Diamond" White „	17s. „		

The RED WINE.—Full bodied, delicious, fruity, port flavour. The WHITE—Exquisitely delicate, rich and nutty, equal to Madeira. These Wines are recommended by Medical Men as the most strengthening ever known.

C. KINLOCH and CO., 14, Barge-yard Chambers, Bucklersbury, London, E.C.
Sauvur Champagne, 28s., 27s., 30s. per dozen.

Hedges and Butler's Dinner Sherries, at

24s. and 30s. per dozen. Choice Sherry, 42s., 48s., and 60s.—No. 155, Regent-street, London; and 30, King's-road, Brighton.

Hedges and Butler's Pure Clarets, at

14s., 18s., and 24s. per dozen. Choice Claret, 42s., 48s., 60s., & 72s.

Hedges and Butler's Sparkling

CHAMPAGNES, at 36s. and 48s. per dozen. Choice Champagne, 60s., 66s., and 78s.

Hedges and Butler's Choice Old Ports,

at 42s., 48s., 60s., 72s., 84s. per dozen. Port from the Wood, 24s., 30s., and 36s.

Hedges and Butler, 155, Regent-street,

London, and 30, King's-road, Brighton, importers and bottlers of the Pure Wines of France, Germany, Spain, and Portugal, from the lowest price commensurate with soundness to the most recherché descriptions and esteemed vintages. Price-lists of all wines and liqueurs on application. Originally established A.D. 1667.

Agreda's Fine Pale Sherries, at 24s.,

30s., and 36s. per dozen. To be tasted, and price list had of all other Wines, Spirits, and Liqueurs, at

DOTESIO'S DEPOT,
19, SWALLOW-STREET, PICCADILLY,
Successor to EWART and CO., Wine Merchants to Her Majesty.

The Wine Commission Agency, 53,

Charing-cross, corner of Spring-gardens, supply an octave of the Purest MARSALA, old and matured, for £4 4s., or 13s. 10d. per dozen; an octave of pure light *Dinner Sherry*, £5 5s., or 16s. per dozen; an octave of superior Dinner Sherry, soft, pure, and pale, fit for any gentleman's table, £6 6s., or 19s. 6d. per dozen; an octave of superior *After-Dinner Sherry*, of fine body and flavour, £11 11s., or 34s. per dozen; an octave of superior *Gold or Dark Gold Sherry*, a splendid old style of wine, nutty and soft, £12 12s., or 38s. 6d. per dozen. Price list and all samples free.

Amontillado, Vino de Pasto, Amoroso,

an octave of the finest and choicest, £13 13s. and £16 16s., or 42s. and 48s. per dozen; an octave of fine Madeira, £12 12s., or 40s. per dozen, and £10 10s., or 30s. 6d. per dozen. These Wines are from the most eminent shippers. Price list of other Wines and all samples free.

The Wine Commission Agency, 53, Charing-cross, corner of Spring-gardens.

TARRAGONA. The finest imported, by the octave £4 4s. of 14 gall.

For Champagnes, Clarets, Burgundy and all Wines of the purest and choicest description of their various classes, apply for Prospectus. All samples free.

The Wine Commission Agency, 53, Charing-cross.

Allsopp's Pale or Bitter Ale.—Messrs.

S. ALLSOPP and SONS beg to inform the Medical Profession that their Ale, so strongly recommended by the Faculty, may be procured, in casks of 18 gallons and upwards, at 61, King William-street, London, and at the Brewery, Burton-on-Trent; and in bottles or casks from any respectable Wine and Beer Merchant, Allsopp's Pale Ale being specially asked for.

BEER IN BOTTLE.

Whitbread and Co.'s London Cooper,

STOUT, and ALES.

Whitbread and Co. are the only large Brewers who bottle their own Beer. Prices and full particulars can be obtained at the STORES, 277, GRAY'S-INN-ROAD, W.C.—ROBT. BAKER, Sole Agent.

KINAHAN'S LL. WHISKY.

This celebrated and most delicious old mellow spirit is the very CREAM OF IRISH WHISKIES, in quality unrivaled, perfectly pure, and more wholesome than the finest Cognac Brandy.

Note the words "Kinahan's LL." on seal, label, and cork.

Wholesale Depôt, 61, Great Titchfield-street, Oxford-street, W.

CITY DISTILLERY,

WOOD-STREET, OLD-STREET, E.C., AND
75, EDGWARE-ROAD, W.

Spirits of Wine, best quality, specially

for Chemists and Perfumers; Methylated Spirits, French Cognac Brandy, J. M. Farina's Eau de Cologne, Port and Sherry, at lowest wholesale prices.

J. LEWISON, Distiller and Importer.

Eau de Vie.—This pure Pale Brandy,

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